



2022 Food Vendor Application - Page 1@3

VENDOR NAME: _____

DBA: _____

ID - As of 2021, the Oklahoma Tax Commission requires that all festival vendors provide their Federal Employer Identification Number or Social Security Number: _____

OKLAHOMA SALES TAX PERMIT NUMBER: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

MOBILE PHONE: _____

E-MAIL ADDRESS: _____

BOOTH INFORMATION: Size fully open, both length and width. We must also know your electrical needs - amps and volts. This determines where you can be placed along food alley. PLEASE NOTE: All cords must be SJ or OJ and rated for amps used. Also, you must stick with the electrical needs you report prior to the festival.



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PLEASE INDICATE TYPE OF VENDOR (BOOTH UP TO 25-FEET IN LENGTH)

Non-Profit Organization (501 c3)

\$325 if submitted by August 1, 2022: _____

\$375 if submitted after August 1, 2022: _____

All Other Groups

\$550 if submitted by August 1, 2022: _____

\$600 if submitted after August 1, 2022: _____

For ALL Food Booth Vendors

Over-sized Booth Fee \$5 per additional foot over 25 ft. in length: _____

** Over 30 total ft. in length will require purchase of additional space. Is this needed? _____

In submitting this exhibitor application, I agree to participate in the Fall Festival to sell food, non-alcoholic beverages and/or concessions. My signature on this contract and release of all claims indicates my understanding and acceptance of all requirements and my commitment to provide the agreed upon items.

NO REFUNDS after August 1, 2022 for any reason, regardless of weather or other circumstances. Cancellations must be made in writing no later than August 1. I agree no substitutions to the menu or price changes may be made without prior, written approval. Any attempt on my part to make substitutions or price changes may result in termination of my participation.

I will be responsible for my booth including set up and take down. Trailer may be brought in only on Wednesday, Sept. 14 after 12 noon and I must arrive in my scheduled block time (time will be emailed to me). Power will be connected in order of arrival. Electricity is available from Wednesday, Sept. 14 at 2 p.m. through Sunday, Sept. 18 at 12 a.m.

I agree to locate my booth in accordance with the instructions Fall Festival provides. I agree to be compliant with the Fall Festival, state and local laws/ordinances. I agree to comply and operate within the Wagoner County Health Department requirements. I agree to provide water hoses to hook to the water supply provided by Fall Festival.



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I will conduct my operations in a safe manner. A fire extinguisher will be on hand at all times. I agree to maintain booth cleanliness and will keep my area neat and pleasant for customers. I understand no glass bottles/cups are to be sold. I noted my electrical requirements on this form. I understand I cannot exceed those requirements and any attempt to use additional power may result in the termination of my participation at Fall Festival. A \$25 Trash Fee will be billed after the festival if the area is not cleaned.

I understand the Coweta Chamber of Commerce and the Fall Festival reserve the right to accept or reject this application for any reason. Rejection of application will be given a full refund of the entry fee. I agree that any termination of my participation at the Fall Festival (i.e. during or after setup) will be without a refund of my entry fee.

If electrician is called out and it is deemed the fault of the vendor, electrical charges will be forwarded to the vendor.

I also do hereby expressly agree to indemnify, defend and hold harmless the Coweta Chamber of Commerce, its officers, employees, Fall Festival committee and Board of Directors, the City of Coweta, its officers, employees and City Council, from any and all claims, causes of action, liability, cost, expense or judgment relating to such goods, merchandise, or services, including without limitation, any liability from all manner of actions, causes of action, debts, accounts, bond, contracts, claims and demands for or by reason of any damage, loss or injury to person and property which has been or may be sustained as a consequence of participation in the Coweta Fall Festival.

Furthermore, I will be solely liable for any claims alleging death, illness or injury on account of unfit food or beverage dispensed from my booth. I have product liability hazard insurance. I also have contractual liability coverage. My insurance certificate is provided. By signing, I have read the above release and the rules and regulations attached to the entry form and agree to abide by them.

Signature: _____

Date: _____



Oklahoma State Department of Health
Creating a State of Health

47th Annual Coweta Fall Festival September 15-17, 2022

Wagoner County Health Department
28596 E. 141st St. So.
Coweta, OK 74429
Phone: 918-486-2845
Email: Darren.henin@health.ok.gov

Attention: Darren Henin, County Sanitarian

FOOD UNIT NAME: _____

*HEALTH DEPARTMENT FOOD LICENSE NUMBER: _____

NAME: _____

ADDRESS : _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE NUMBER: _____

MENU: _____

SIGNATURE: _____

*** IF YOU DO NOT HAVE AN OKLAHOMA STATE HEALTH DEPARTMENT LICENSE, YOU MUST BUY A TEMPORARY LICENSE FOR \$30 THE FIRST DAY OF THE EVENT. PLEASE RETURN THIS FORM AND THE HEALTH DEPARTMENT WILL CONTACT YOU REGARDING REQUIREMENTS FOR A TEMPORARY LICENSE.**

Please complete and return this form to the above address/email address and the Health Dept. will contact you.

-----FOR HEALTH DEPARTMENT USE ONLY-----

APPROVED _____ DENIED _____

SIGNED _____ DATE _____

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