

FOR OFFICE USE ONLY CHECK # _____
APPLICATION # _____ SPACE # _____



**15th Annual Florida State
Bluegrass Festival
3-Day Event
Concession/Food Vendor Application
April 6-8, 2017**



Name: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Concession Type: _____
(List All Items To Be Sold)

THE COST BELOW IS FOR A THREE DAY EVENT. ENTERTAINMENT WILL BE 3 DAYS AS WELL AS CRAFTS, A CHILI COOK-OFF AND MANY OTHER FUN FAMILY ENTERTAINMENT.

Non-Profit \$75.00

Commercial \$100.00

THIS PORTION MUST BE FILLED OUT

Space Amount: _____
(Includes Electricity & Water)

TOTAL ENCLOSED: _____

New Vendor **Repeat Vendor**

Please return your completed application with a check made payable to the Perry-Taylor County Chamber of Commerce to:

**FLORIDA STATE BLUEGRASS FESTIVAL
Perry-Taylor County Chamber of Commerce
PO Box 892 Perry, FL 32348**

**If you have any questions—call the Chamber office at 850-584-5366
Fax: 850-584-8030**