

**6<sup>th</sup> Annual ZoraFest**  
**Saturday, April 17, 2010 / 10:00 AM – 6:00 PM**  
**Lincoln Park Academy**  
1806 Avenue I, Fort Pierce FL 34950

**Vendor Application Event Policy**

1. Along with this application, applicable fees must be received **no later than April 1, 2010**. Please **make checks payable to: ZNH Florida Foundation**
2. Promotion and advertising will be handled by the event committee.
3. Vendors **may begin set-up at 8:00 AM, must be set up by 10:00 AM** and must maintain booth coverage throughout the event hours until 5:30 PM. Vendor parking is provided.
4. This is an outdoor festival, so please come prepared for weather. No rain date.
5. Vendor space will be 10' x 10'. Vendor Fees - see below.

**Electricity** is limited to lighting only and will be provided on first-come, first-serve basis. An **additional \$10.00 will be charged for electricity**. Please include with the vendor fee payment.

Make Checks to: ZoraFest

Vendor Fees: Food - \$50.00

Art/Craft/Books/Clothing - \$25.00

Non-profit - \$10.00

6. Each vendor will be responsible for the collection and payment of any State and Federal Taxes.
7. Food Vendors must have available all applicable licenses and insurance information on hand at the event. At application, **please provide your Hotel & Restaurant License Number \_\_\_\_\_ and a copy of your insurance.**
8. Each vendor will be responsible for cleaning up booth space and for the removal of all waste products, including grease. Failure to do so will result in a fine.
9. **Food vendors will be limited to a pre-approved menu** unless otherwise approved by the committee chairperson. Exclusivity of food items will be given on a first-come, first-serve basis.
10. **No** alcoholic beverages, sexually explicit or vulgar language and materials will be allowed on the premises.

Please mail application and event fee to:

**ZoraFest, P.O. BOX 1912, Fort Pierce FL 34954**

**Contact: SARAH P. JACKSON – 772/359-7957**

**Contact email: sajackson1@aol.com**

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Type of Booth: (if food vendor, please specify menu) \_\_\_\_\_

Booth Size Required: (standard is 10' x10') \_\_\_\_\_

Cooking Method: Gas \_\_\_\_\_ Charcoal \_\_\_\_\_ Grease \_\_\_\_\_

I hereby agree to all the terms in this contract. I understand that cancellation or failure to participate in the event as indicated will result in the forfeiture of all fees. I accept full responsibility for the equipment utilized. I have read the rules and regulations obtained at [www.zorafest.org](http://www.zorafest.org) . ZoraFest committee reserves the right to interpret the policies herein.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Committee use: Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Amount: \_\_\_\_\_

Cash: \_\_\_\_\_ Check#: \_\_\_\_\_