



8th Annual Chillin & Grillin in the Glades
 BBQ & Music Festival
 July 16 & 17, 2021
Food Vendor Application
 (Please Write Legibly – Thank you)

PLEASE COMPLETE BOTH SIDES (TYPE OR PRINT)

Business Name: _____

Contact Person: _____

Address: _____

E-Mail Address: _____

Day Phone: _____ Cell Phone; _____

FESTIVAL GUIDELINES (PLEASE READ)

1. Food Vendors accepted at this event understand that this is a 2 day event and are expected to set up and sell their products both days.
2. Priority is given to BBQ vendors when deciding spots. (This is primarily a BBQ festival.)
3. Food spaces are 10' x 20'. If you require more space there may be an extra charge.
4. If you need electricity, you must supply your own extension cord(s). You must use commercial grade cords 6-8 gauge and preferably 100ft. long. The fuse boxes are ground fault and will kick off if there is any dampness. We will provide one (1) 30 amp electrical outlet (ONE OUTLET/PLUG-IN). ***There may be more vendors than electrical outlets. Let us know if you will be able to provide power in case we run out of outlets.**
5. Confirmations will be sent by e-mail or phone. Space assignments will be given out 10 days prior to the event and are subject to change the day of the event if deemed necessary by the event staff.
6. ABSOLUTELY NO STAKES ARE TO BE DRIVEN IN THE PAVEMENT, NO FIRES ALLOWED ON THE PAVEMENT, AND NO ON-SITE DISPOSAL OF GREASE!
7. The Food Court will be set up in a different location for 2021. It will be on Main Street. We will inspect each space before the food vendor departs to ensure that you have left you space as clean and in the same condition as when you arrived.
8. All vendor supply trucks must be off the street and into the parking area ASAP
9. The festival closes at 11pm Saturday night. Food vendors should plan to shut down by 11pm so we can close down the festival. Food vendors must be tore down, have their area clean and ready to be inspected by our staff by 11:45pm
10. Food Vendors will also include a certificate of insurance with this application and must have a copy of their Virginia State Health Permit before they are allowed to set up. If you need to contact the local Health Department about getting a permit or any questions about the permit, their phone number is 276-328-8000.

Fee

The Booth Fee is **\$200**

Fee is **\$100 if you are a contest competitor

I understand the booth fee must be received before my application will be accepted as a vendor

TRAILER/TENT INFORMATION

I will have a trailer Trailer Size _____ ft. x _____ ft. Which side does the trailer open Left/Right

I will have a tent Tent Size _____ ft. x _____ ft. ***If you plan to use a tent you cannot use stakes***

I have a generator (with an inverter) in case there are not enough outlets available for my trailer.

PUBLICITY

We would like to draw people from a wide area. If you can distribute some posters, flyers and or rack cards in your area, please check here and we will get you some in May. Yes No

Space & Food Selection

List all items you plan to sell: _____

*The Chillin & Grillin Committee reserves the right to decide the following: Items that can be sold, space assignments, as well as the final decision on acceptance or denial for vendors to set up at our festival.

Your signature on this application indicates that you have read and understand the policies and agree to abide by these rules during the event. Chillin & Grillin in the Glades does not provide medical or accidental insurance for voluntary participants of this event. In consideration for my participation in the event, I hereby release the festival officials, volunteers, the Wise Business Association, The Town of Wise and The County of Wise from any claims for liability in the event of injury, damage, or other expenses incurred as a result of my participation in this event. Should you have any questions, please contact one of our Food Vendor Coordinators: Cassie Dotson at 276-219-4425 email - casbrat2005@aol.com OR Melissa "Missy" Cantrell at 276-870-4955 email - hanawes9906@gmail.com

SIGNATURE: _____ DATE: _____

Make checks payable to: **Chillin & Grillin In The Glades**

Mail Entry Form To: **Chillin & Grillin in the Glades
Food Vendor Registration
P.O. Box 516
Wise. VA. 24293**

(FOR OFFICE USE ONLY)

Received _____ Check# _____ Amount _____
Confirmed _____ Space # _____