

16th Annual NANTICOKE RIVERFEST
July 9th & 10th, 2010
Seaford, Delaware

NON-PROFIT FOOD VENDOR REGISTRATION FORM

FILL OUT THE REGISTRATION FORM COMPLETELY

RETURN TO:
Wendy Pinkine
Nanticoke Riverfest
C/o City of Seaford
PO Box 1100
Seaford, DE 19973

Please return both pages of this form and the electrical form, if applicable, along with a check payable to:
City of Seaford

PAYMENT FOR SPACE AND ELECTRIC MUST BE INCLUDED WITH REGISTRATION

Vendor Hours - Friday, July 9th - 5:00 p.m. until 11:00 p.m. & Saturday, July 10th - 9:00 a.m. until 11:00 p.m.

THE CITY IS NOT RESPONSIBLE FOR ITEMS LEFT OVERNIGHT

The event is rain or shine - NO refunds
Vendors must provide their own tables, chairs and canopies as needed. Carpeting under your booth also helps.
Riverfest will provide hand washing stations & portable toilets

Please contact Sussex County Health Unit to obtain a TEMPORARY EATING PLACE PERMIT - The phone no. is 302-856-5496

FOOD VENDOR FEES FOR TWO DAYS:

- \$25.00 10' x 10' space (minimum space size available)
- \$50.00 10' x 20' space
- \$75.00 10' x 30' space
- \$100.00 10' x 40' space
- \$ 100.00 for City electric

AMOUNT ENCLOSED: _____ (INCLUDE \$100 FOR ELECTRIC IF APPLICABLE)

 PERSON RESPONSIBLE FOR BOOTH DURING EVENT

☺ PLEASE PRINT CLEARLY - CONTACT NAME: _____

☺ COMPANY NAME OR ORGANIZATION: _____

☺ ADDRESS: _____

☺ Cell No: _____ Fax # _____

➤ List items to be sold: _____

All applications are subject to approval by the Nanticoke Riverfest Committee. Not all applications will be accepted due to limited space and/or conflict with other participants. First come, first serve basis.

2010 NON PROFIT FOOD VENDOR REGISTRATION FORM

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★ Please provide the accurate length and width of your food trailer: _____ ft. length x _____ ft. wide including the hitch.

➤ Describe the vehicle that will pull your food trailer: _____

➤ You must be able to disconnect your food trailer from the vehicle. We do not have the space to park the vehicle with the trailer.

Please briefly describe any concerns you had from last year:

*****NO PARKING IS PERMITTED ON SOUTH CANNON STREET*****

★ Do you need electricity? If so, please CONTACT ME IMMEDIATELY AND complete ELECTRICAL INFORMATION FORM

★ You will receive complete information about YOUR LOCATION APPROXIMATELY ONE WEEK PRIOR TO THE EVENT. For more information, contact Wendy Pinkine at (302) 629-9173 or wpinkine@seafordde.com

I recommend that you keep a copy of all forms for your records!

FOOD VENDORS REQUIRING CITY ELECTRIC MUST REGISTER BY JUNE 15th

FOR OFFICE USE

Date received: _____ Amt.: _____ Location No. _____

Comments:

**ELECTRICAL INFORMATION
COMPLETE AND RETURN WITH REGISTRATON**



THE RIVERFEST COMMITTEE RESERVES THE RIGHT TO CONTROL THE TYPE AND SIZE OF GENERATORS AND PLACEMENT OF GENERATORS USED DURING RIVERFEST FOR PUBLIC HEALTH & SAFETY.

ANYONE VIOLATING OUR REGULATIONS WILL BE ASKED TO LEAVE THE EVENT.

“DIESEL GENERATORS MAY NOT BE ALLOWED”

1. USE OF CITY’S ELECTRICITY - If you elect to use electricity supplied by the City, an additional **fee of \$100** will apply. If we are unable to provide electric to accommodate your requirements, due to our limits on available amps, we will refund the \$100.00. *If possible, please include a picture of each plug and label it according to the type of equipment. This will greatly help us.

Please list each piece of equipment separately – for instance, if you have two popcorn machines, list them individually with appropriate information. The accuracy and completeness of the information you supply is extremely important in assisting us in planning your location and providing you electric.

Type of equipment	Type of plug*	Amperage	Voltage

You may bring ONE approved generator. The City's Electric Superintendent will review the generator and have the final decision.

Type of generator: _____ Size of generator: _____

COMPANY OR ORGANIZATION NAME: _____

CONTACT NAME FOR ELECTRICAL ISSUES: _____

Phone No.: _____

Fax No.: _____