



**September 13 & 14 and 20 & 21, 2008**  
**10:00am to 6:00pm**  
 Except the last Sunday, closing is 5:30pm

**FOOD CONCESSIONAIRE APPLICATION AND CONTRACT**

Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Vehicle Tag No(s) \_\_\_\_\_ **(This information is required)**

**Are you willing to distribute flyers at other shows? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Space for both weekends (4 days):**

	<b>Postmarked by 3/01</b>	<b>Postmarked after 3/01</b>		
12' deep X 15' wide	\$490.00	\$540.00	Qty. _____	\$ _____
18' deep X 20' wide	\$590.00	\$640.00	Qty. _____	\$ _____

(These space sizes must include all ropes stakes, etc.)

**Pre-approved Electric** \$50.00 \$ \_\_\_\_\_  
**TOTAL ENCLOSED** \$ \_\_\_\_\_

**A FOOD LICENSE** must be obtained by August 1, 2008. Please contact Department of Health, 401 Hungerford Dr., 1<sup>st</sup> Floor, Rockville, MD 20850, 240-777-3837 or 3986. The Health Inspector will check for your license prior to the opening of the show. You will be assessed a late fee plus the license fee on-site if you have not applied for your license.

**GENERAL RELEASE AND ACCEPTANCE OF RULES AND REGULATIONS**

I/we, the applicant(s), have read the Rules and Regulations sent with this contract and we agree to abide by said rules and accept fee for performance as listed above. In addition, I/we expressly acknowledge that there are, and voluntarily assume the sole risk for, dangers and risks inherent in participating in the Shaker Forest Festival (the "Festival"), which may result from theft, accidents, illnesses, or injuries, the negligence of any person or organization, the use of any facilities or equipment, or from my/our physical condition. I/we understand that the SMK Shows Inc, DBA Shaker Forest Festival, the owners of the festival site, and their respective employees, agents, counselors, teachers, trainers, representatives, successors and assigns (collectively the "Released Parties") assume no responsibility for any loss, damage, theft, accident, illness, injury or death to person or property that I/we may sustain arising out of, resulting from or in any way connected with the Festival, including but not limited to as a result of the negligence of any of the Released Parties. In consideration of this contract, I/we do expressly release the Released Parties of and from any and all liability for any damage, accident, illness, injury, death, theft or loss to any person or property which may arise from the rental and occupation of exhibit space by the applicant(s) or otherwise arising out of, resulting from or in any way connected my/our participation in the Festival, whether or not such damage, accident, illness, injury, death, theft or loss results from the negligence of the Released Parties or from some other cause. In addition, I/we agree to indemnify, hold and save harmless and defend the Released Parties of any of and from any damage, accident, illness, injury, death, theft or loss by reason thereof. If accepted, I/we understand my entry fee shall not be refunded in the event that I/we do not attend or if all or part of the show is cancelled due to fire, calamity or any other act of God, public enemy, strikes, statutes or ordinances or any legal authority or any cause beyond its control. I/we agree to be open and serve the public during all four days of the festival during the posted open hours.

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

**Please list menu items with prices:**

**Approved**

_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please return this completed application along with:**

- Payment
- Picture or Description of Booth
- Copy of Liability Insurance Policy (See enclosed example certificate listing required Coverage Limits, Description of Operations, Named Certificate Holder and Cancellation)
- Picture or Description of Sign
- Picture or Description of costumes

**Mail to:**

Shaker Forest Festival  
 PO BOX #10059  
 Alexandria, VA 22310

Phone: 1-877-339-4469 or 703-490-1818; E-mail: [Shakerforestfestival@yahoo.com](mailto:Shakerforestfestival@yahoo.com)  
 Website: shakerforest.com

**Your menu will be approved and returned with your acceptance within 30 days of receipt. If you are not accepted, your fee will be returned with notification.**