



FOOD VENDOR APPLICATION FORM CROMWELL HARVEST FESTIVAL SEPTEMBER 7, 2024

Contact Name _____

Business Name: _____

Address: _____

City/State/Zip _____

Business Phone: _____ Cell: _____

MN Tax ID #: _____ Email Address: _____
 State or County Health License # (if applicable) _____
 (Your email address will only be used to contact you regarding the Cromwell Harvest Festival. It will not be sold or used in any other manner.)

<p>Check which MN food license applies to your business</p> <ul style="list-style-type: none"> <input type="radio"/> MN Food Handler <input type="radio"/> MN Retail Mobile Food Handler <input type="radio"/> Cottage Food Retailer (homemade foods such as jams, jellies, salsa, pickles, etc. Refer to https://www.mda.state.mn.us/food-feed/cottage-food-producer-registration for clarification) <input type="radio"/> Wholesale Food Retailer <input type="radio"/> Restaurant <input type="radio"/> Other: _____ 	<p>Check all that apply</p> <ul style="list-style-type: none"> <input type="radio"/> Food will be sold from a trailer <input type="radio"/> Food will be sold from a food truck <input type="radio"/> Food will be sold from under a tent <input type="radio"/> Other: _____
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PLEASE LIST ALL FOOD ITEMS YOU WILL BE SELLING:

There are 4 spots designated with electrical hookups. If those spots are taken, you will need to bring a generator for your power supply. Electrical connections, cords and disconnects must meet the electrical code.

Application Fees:

100% of the fees must be returned with the Application Form by August 1, 2024. We will not hold any spots that are not paid in advance. "Walk-ins" will not be accepted.

# of Spaces Needed	Type	Amount
	Food Vendor @ \$50 per space	
	Total Amount Enclosed	\$

A Minnesota Department of Revenue ST19 is required for each vendor

Terms/Conditions:

- Set up must be complete by 9 am. Food trucks can begin selling any time, but at least by 10 am. If selling food under a 10'x10' tent (with the craft vendors), you should be open by 9 am.
- Food trucks will have a 20' X 20' area; Food sales under a tent will have 10'x10' and will be housed with the craft vendors
- All spaces are outside. Spaces will be staked out as a guideline for set up
- Must provide your own tables, display, units, shelter, etc.
- Applicant is responsible for the safety of your display items and equipment
- Vendor is responsible for appropriate health licenses

FOOD VENDOR APPLICATION FORM
CROMWELL HARVEST FESTIVAL

By submitting this application, I agree to sell only the food items I have listed above. I understand that I am required to have a valid MN food license in order to be allowed to sell food and that said license should be on site. I acknowledge that this application is not a license agreement and does not constitute an offer to participate in the Cromwell Harvest Festival.

Signature: _____

Date: _____

Applicant shall, and will, indemnify and hold harmless the City of Cromwell and the Cromwell Area Community Club from and against any losses, liability, claim demands, expenses, fees, fines, penalties, suits, proceedings, actions and causes of action of any and every kind and nature arising or growing out of or in any way connected with the Cromwell Harvest Festival. Applicant further agrees to adhere to all festival rules and regulations along with state, federal and local laws. Applicant also assumes responsibility for all personal, property, materials, products, art work, tools, equipment, etc. All fees collected are nonrefundable.

Applicant Signature

Date

Harvest Festival Vendor Coordinator

Date Accepted/Denied

PLEASE INCLUDE THE FOLLOWING ITEMS:

- ✓ Application Form, fully completed
- ✓ Payment. Make check payable to: CACC Harvest Festival
- ✓ MN Department of Revenue **ST-19** Form
- ✓ Vendors are responsible for providing their own liability insurance with reasonable coverage and limits.

Mail your Application, payment and all required documents to:
CACC/Harvest Fest
PO Box 190
Cromwell, MN 55726

- Post-dated checks and incomplete applications **will be returned to the applicant.**
- Any checks returned for non-sufficient funds will incur an additional \$25 NSF fee.

CACC Use Only			
Date Received: _____	Accepted <input type="checkbox"/>	Denied <input type="checkbox"/>	Wait List <input type="checkbox"/>
Payment: \$ _____	Check # _____	ST-19 <input type="checkbox"/>	501C <input type="checkbox"/>
Vendor Lot # _____	Vendor Notified:	Via: Mail <input type="checkbox"/>	Email <input type="checkbox"/>