

BAY CITY FIREWORKS FESTIVAL | FOOD VENDOR

<u>VENDOR INFORMATION</u>	
VENDOR NAME:	VENDOR PHONE:

ADDRESS:
APT, SUITE, ETC:
CITY:
STATE:
ZIP CODE:

APPLICATION CHECKLIST

- Application Form
- Copy of Insurance Policy
- Check or Money Order

CHECKS AND MONEY ORDERS SHOULD BE PAYABLE TO:

Bay City Fireworks Festival

MAIL INFORMATION TO:
P.O. BOX 873
BAY CITY, MI 48707

<u>SPACE REQUESTED</u>		
NUMBER OF SPOTS NEEDED	ELECTRICAL NEEDS	INSURANCE
\$500/SPOT	120V OR 220V	\$90.00 (OPTIONAL)
_____		<input type="checkbox"/>

<u>TYPES OF FOOD PRODUCTS BEING SOLD</u>

INSURANCE POLICY REQUIRED
A \$1 million liability insurance policy is required.
Please include with this application a copy of your insurance policy.
We can add you to our policy for a fee of \$90.00 (include fee with application).

VENDOR'S SIGNATURE

DATE

PLEASE DIRECT QUESTIONS TO: ERAL BOVIA – (989) 245-6376
FOR MORE INFORMAITON VISIT:
www.baycityfireworksfestival.com/food-vendors