## **CONCESSIONAIRE APPLICATION**

Contact:					
Owner/Contact:					
Mailing Address:					
			_ Phone (Day):		
List Products to b	oe Sold or Attach Menu:				
Type of Vendor	(Please Circle):				
			ee standing)		
Truck	rranci	Tene (iii	rent (nee standing)		
Space Required					
	ewalk):	Depth:	Depth:		
` 0	,	·			
Will you be Usin	g (Please Circle):				
Grease	Generator	Propan	e Tank		
Will you need W	ater Hookup? (Please Ci	rcle)			
Yes I	No Model number	of backflow preventer:	·		
•	ry Food Unit (STFU): (Ple				
Yes I	No STFU :	<b>‡</b> :			
1					
Insurance Info:			Delies Alverele em		
State ID:			Policy Number:		
			MI Sales Tax#: per of Commerce - Grand Haven, Spring		
"Please provide	additional insured clause	e iii iavoi oi. The Chaink	Dei of Commerce - Grand Haven, Spring	Lake, Ferrysburg	
Other Notes:					
other wotes.					
Total Dues:					
	\$25 per applicant		= \$		
	\$700 x Number of units		= \$		
Total Due:	The second secon		\$		
			•		
<b>Payment Includ</b>	ed Now:				
Application Fee			\$25 (due with application	)	
Deposit			\$		
<b>Total Included:</b>		Check #	\$	_	
*Please only send	Application fee until invite	d to the 2025 Grand Hav	en Art Festival		

## **Mail To:**

2025 Grand Haven Art Festival 1 South Harbor Drive Grand Haven, MI 49417 Checks Payable To: The Chamber