



# Concessionaire Application

## Important Information

### Location

Downtown Waxhaw, NC

### Dates & Times for Two Day Show

Saturday Oct 8, 2016                      10:00am – 5:00pm  
Sunday Oct 9, 2016                        12:00pm – 5:00pm

### Key Deadlines

**Final Application Deadline:** September 16, 2016

**Final Date for Concessionaire Cancellation & Receipt of Refund:** September 23, 2016

**Space Assignments** will be e-mailed to Concessionaires in early October

### Point of Contact

**Waxhaw Events Division**

704-843-2195 ext. 226

[events@waxhaw.com](mailto:events@waxhaw.com)

[www.waxhaw.com](http://www.waxhaw.com)

### Rights Reserved by the Town of Waxhaw Events Division

- The Events Division reserves the right to grant, deny or revoke concession contracts and permits before and during town-sponsored events in Waxhaw
- The Events Division reserves the right to select locations that the Concessionaire will be permitted to sell his/her product
- The Events Division reserves the right to conduct random, unscheduled, inspections of the Concessionaire's vending space/apparatus
- The Events Division reserves the right to order the removal of any item sold or kept for sale for any reason at any time during the event

Please keep this page for your information

## Concessionaire Guidelines

1. Submit a completed Union County Health Department application to the Events Division with any associated fees attached. All foods will be inspected. Food vendors not having a permit showing them as an approved/qualified food vendor will be excused from the event. This certificate must be in full view during your entire time at the festival.
2. Non-profit food vendors must provide a letter stating that all profits will be donated to the non-profit group. Proof of non-profit status must be attached.
3. Provide certificates of insurance for the event no less than 30 days prior to the set-up of your area, naming the Town of Waxhaw as an “additional insured.”
4. Adhere to North Carolina Fire Prevention Code.
5. Provide your own SILENT power source if you have not paid for power.
6. Arrive no earlier than 7:00am on Saturday unless you have arranged pre-placement on Friday. Arrangements for pre-placement must be made with the Events Division.
7. Properly handle and dispense of your own waste.

## Application Checklist

(Ensure that all items on this checklist are submitted in your application package)

1. **Application**
2. **Payment**
3. **Union County Health Department Application and Related Payment**  
(Make check payable to Union County Health Department. Check will be forwarded to Union County by the Events Division)
4. **If you are a non-profit vendor**, please submit letter stating that all profits will be donated to your non-profit group. In addition, please submit proof of your non-profit status.
5. **Certificate of Insurance** naming the Town of Waxhaw as an “additional insured”

## What to Expect After Submitting Your Application

1. Once you have submitted your application, you will receive an e-mail if you are approved.
2. Prior to the event, you will receive an additional e-mail that gives you specific event and set-up information including your space assignment, arrival/departure, maps and more.
3. You will not be called if your application is not approved. If you would like to know the status of your application, please call the Town of Waxhaw Events Division at 704-843-2195 ext. 226.

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## Concessionaire Information

(Please Complete All Areas)

**Business Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Secondary Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Items/Portions/Prices:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Type of Vending Unit** (Please Mark an "X" Next to Your Desired Choice)

\_\_\_\_ Tent    \_\_\_\_ Trailer    \_\_\_\_ Push Cart    \_\_\_\_ Other

\*\*Push carts are defined as an enclosed cart that can be pushed by one person without the aid of a vehicle. If your unit has sides and must be towed by your vehicle, then your unit is a trailer.

**Unit Measurements** (Please Fill Out)

Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

\*\*If there is a trailer tongue, what is its length? \_\_\_\_\_

**What side is your serving window on?** \_\_\_\_\_

**Can you pre-place your tent/trailer/push cart on Friday?** If so, mark "yes" below and you will be called by the Events Division to make arrangements.

\_\_\_\_ Yes    \_\_\_\_ No

### Electrical Needs

If you are purchasing a space with electricity, please provide the information below.

What are your electrical needs?

**Amps or Watts** \_\_\_\_\_

**Type of Plug** \_\_\_\_\_ (Please Include a Picture of Your Plug with Your Payment)

**Fees** (Please Mark an "X" Next to Your Desired Choice)

**Food Vendor** = \$125.00

**20 amp electric** = \$15.00

**30 amp electric** = \$25.00

**50 amp electric** = \$50.00

**Non-profit Space** = \$50.00

**20 amp electric** = \$15.00

**30 amp electric** = \$25.00

**50 amp electric** = \$50.00

**Number of Spaces/Locations Requested** (Please Mark an "X" Next to Your Desired Number. Spaces are 20x20 each.)

One

Two

Three

**Total Fee to Be Paid:** \$ \_\_\_\_\_

\*\*\*Returned checks will be charged a \$35.00 processing fee\*\*\*

**Payment Information** (Please Mark an "X" Next to Your Desired Payment Option)

**Cash** \*\*Cash payments may be made, in person, at Town Hall

**Check** \*\*Please make checks payable to the Town of Waxhaw

\*\* You may mail your payment to:

Waxhaw Town Hall

Attention: Events Division

P.O. Box 6

Waxhaw, NC 28173

**Online Credit Card Payment**

\*\*Online credit card payments can be made at

<https://heartlandpaymentservices.net/PaymentPortal/TownofWaxhaw/Bills>. Choose Events Division. Then choose Autumn Treasures from the drop down on the right.

**Concessionaire Agreement**

Applicant shall indemnify and hold harmless the Town of Waxhaw, its agents, volunteers, elected officials and employees from and against all losses, costs, damages, expense, and liability caused by an accident or other occurrence in bodily injury, including death, sickness and disease to any persons, or damage or destruction to property, real or personal, arising directly or indirectly from operations, products or services rendered at this event. Applicant agrees to waive, release and discharge the Town of Waxhaw, its agents, volunteers, elected officials and employees, of and from any and all claims, demands, costs, liability and causes of action whatsoever that may arise as a result of participation in this event, including but not limited to, any claims, causes of action, liability, damages, demands and costs related to injury to any of the Applicant's person or property. This waiver and release shall inures to the benefit of Town and shall bind Applicant along with its employees, heirs, legal representatives, assigns and successors in interest of the Applicant or any member thereof.

I, the undersigned, agree to abide by all Rules and Regulations set forth in this application. By signing below, I agree to consider this application a commitment and realize that no refunds will be made for cancellations after the cancellation date as specified in this document.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_