

2021 Farmers Market – Food Truck Vendor

Registration Form

Fee - \$100.00 each time Made Payable to "Laurel Chamber"

Business Name _____

Name: _____ **State License #** _____

Email Address _____ **Size of trailer, space** _____

Home Phone: _____ **Cell#:** _____ **Best time to call:** _____

List of ALL Food being served: _____

Location 115 W 1st St, Laurel

PLEASE SELECT WHICH DATE OR DATES YOU WOULD LIKE

- | | |
|---------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> <u>Saturday, July 10th \$100.00</u> | <input type="checkbox"/> <u>Saturday, August 14th \$100.00</u> |
| <input type="checkbox"/> <u>Saturday, July 17th \$100.00</u> | <input type="checkbox"/> <u>Saturday, August 21st \$100.00</u> |
| <input type="checkbox"/> <u>Saturday, July 24th \$100.00</u> | <input type="checkbox"/> <u>Saturday, August 28th \$100.00</u> |
| <input type="checkbox"/> <u>Saturday, July 31st \$100.00</u> | <input type="checkbox"/> <u>Saturday, Sept 4th \$100.00</u> |
| <input type="checkbox"/> <u>Saturday, August 7th \$100.00</u> | <input type="checkbox"/> <u>Saturday, Sept 11th \$100.00</u> |

***Note to ALL vendors -**
Water & Electricity not available

"Pack it in – Pack it out"
- No Refunds after – July 1st

FOOD VENDORS ARE REQUIRED to have a Vendors Permit from the Yellowstone County Health Department. Call if you need these. You must display your license. **We also need a certificate of liability insurance with the Laurel Chamber of Commerce listed as the certificate holder.**

Binding Waiver of Liability: I HAVE READ –the above rules and agree to abide by them. Also, in consideration of the foregoing, I for myself, my executors, administrators, and assigns, do hereby release and discharge any rights and claims for damages incurred before, during, and after the food fair, against the officials and sponsors of the food fair, the Laurel Chamber of Commerce, City of Laurel, County of Yellowstone, State of Montana, and their representatives, departments and agencies and/or all others. I have read the rules and regulations set before me.

Signature(s) _____

Date _____

Please sign and return this form to: Laurel Chamber of Commerce (see top of form)

Questions or Concerns—Please Call or Email the Chamber @ laurelchamber@laurelmontana.org