

SAN GENNARO FESTIVAL OF PORT ST. LUCIE 2013
FOOD VENDOR APPLICATION

Event will be held at the PSL Civic Center outside Stage Area, at US 1 & Walton Road, Port St. Lucie

Saturday September 14th & Sunday September 15th, 2013

Applications with the appropriate fee must be received by August 29, 2013

Business Name _____

Contact Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Email Address (Please Print Clearly) _____

Phone (1) _____ (2) _____ (Cell) _____

Please make sure that you include the following forms with this application:

List of menu items and prices: 1) _____, 2) _____

3) _____, 4) _____, 5) _____

Electric request form * Additional \$30.00 fee will be charged for standard electricity.

**Mail the complete application and payment of \$600.00 (two day event) + a *\$200.00 Security Deposit to:
SAN GENNARO FESTIVAL SOCIETY, P.O. Box 12111, Fort Pierce, FL 34979**

All appropriate certifications and insurance needs to be available during the two day Festival

Note: All vendors are liable for payment and collection of Florida sales tax.

**Refundable Security Deposit*

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I/we, the undersigned, for and in consideration of permission and space to participate in The San Gennaro Festival of Port St. Lucie, agree to indemnify hold harmless, and defend the San Gennaro Festival Society of Port St. Lucie, the City of Port St. Lucie, its officials, representatives, agents, servants, and employees from and against any and all claims, actions, lawsuits, damages, judgments, liability and expense, including attorney's fees and litigation expenses, in whole or in part arising out of, connected with, or in any way associated with my/our activities for The San Gennaro Festival of Port St. Lucie, participating in Port St. Lucie or traveling to or from this event.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT.

FOR OFFICE USE ONLY!

Signature of Vendor Date

Vendor's valid FL. sales tax Number

APPROVED _____ DENIED _____
Date Paid _____ Check # _____ Amount \$ _____
Spaces requested #: _____
Confirmation Sent on _____

