



2018 Food Vendor Application  
Application Deadline: April 25<sup>th</sup>, 2018

- For Questions contact Anne Fonville: [scandinavianfestival@gmail.com](mailto:scandinavianfestival@gmail.com)
- Mail your application: Scandinavian Festival  
Attn: Anne Fonville  
5 South Main  
Ephraim, Ut 84627
- Or email it to [scandinavianfestival@gmail.com](mailto:scandinavianfestival@gmail.com) and **after you get an approval email back** call Ephraim city @ 435-283-4631 for credit card payments.

**BOOTH SPACE SIZE (mark only 1):** \_\_\_\_\_ **10'x20' = \$200.00each** \_\_\_\_\_ **10'x30' = \$325.00each**  
 A booth space is an uncovered 10' deep x 20' or 30' wide on the asphalt. Vendors are required to provide their own booth structure, tarps, tables, chairs etc. Displays must be confined to the booth space marked, and not encroach on the walkways or the spaces to the side or rear of the booth.

**\*Electricity Needed (mark how many plugins you need):** \_\_\_\_\_ 120 Volts = \$15.00each \_\_\_\_\_ 240 Volts = \$15.00each  
 \*Spaces with electricity are limited. If you do NOT indicate on this form that you need electricity, **you will NOT be able to get it the day of the festival.**

**Do you need RV parking:** \_\_\_\_\_ No \_\_\_\_\_ Yes  
 ANY Vehicles, Storage trailers, extra trailers, etc. will NOT be allowed behind, or to the sides of your booth space. RV parking is used for these.

**APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL INFORMATION HIGHLIGHTED BELOW.**

**Owner Name:** \_\_\_\_\_ **Home/Cell Phone Number:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_ **Taxid/ss#** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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

Please list ALL food items on your menu.

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I agree to sell only that merchandise which is part of this application. No duplicate independent sales companies will be allowed. There are no guarantees regarding preference for space location. I, understand that submitting an application does not guarantee me space in Scandinavian Heritage Festival. I will not request a certain space, they're assigned on a first come first serve basis and past vendors. Space is dependent on approval of the committee. Displays must be confined to the booth space, and not encroach on the walkways or the spaces to the side or rear of the booth. Assignments must be adhered to and are not transferable. I agree to be in my booths from 12:00pm to 8:00pm Friday and 9:00am to 5:00pm Saturday. There are no vehicles allowed in or around booth spaces. I, undersigned, agree to comply with the Utah State Tax regulations. The Tax Commission will provide tax packets for each vendor at check-in.

Scandinavian Heritage Festival is not dependent on weather. Fees will not be refunded in the event of rain or winds. I, undersigned, agree to consider this application a commitment to show and realize that no refunds will be made for cancellation after acceptance. Applicant further agrees that neither the Scandinavian Heritage Festival, Ephraim City shall be in any way, manner, or amount, responsible for theft, damage, or destruction to applicant's merchandise or equipment on site, howsoever arising. Each vendor is responsible for any damages to or from your booth and/or product. Booth space must be left clean and garbage free. Vendors will be charged a cleaning fee if needed and will not be invited to return the following year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Working for Healthy Communities

**COUNTY OFFICES**

JUAB 623-0696  
 EAST MILLARD 743-5723  
 WEST MILLARD 864-3612  
 PIUTE 577-2523  
 NORTH SANPETE 462-2449  
 SOUTH SANPETE 855-2251  
 SEVEN 896-5451  
 WAYNE 836-1317

## Temporary Food Vendor Registration

Business Name \_\_\_\_\_ Owner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Booth Name (If different Than Business Name) \_\_\_\_\_

Person In Charge Of Food Safety \_\_\_\_\_ Phone # \_\_\_\_\_

NAME OF EVENT								
LOCATION	Address:			City:				
EVENT COORDINATOR	Name:			Daytime Phone #:				
DATES → & TIMES →  Hours Food Will Be Served/Sold	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
	Time: ____ To ____	Time: ____ To ____	Time: ____ To ____	Time: ____ To ____	Time: ____ To ____	Time: ____ To ____	Time: ____ To ____	Time: ____ To ____
	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	
Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	
Time: ____ To ____	Time: ____ To ____	Time: ____ To ____	Time: ____ To ____	Time: ____ To ____	Time: ____ To ____	Time: ____ To ____	Time: ____ To ____	

- How will the food booth be covered? (e.g. portable awning) \_\_\_\_\_
- How will time/temperature control for safety foods be kept while in service? (e.g. cooler with ice, steam table) \_\_\_\_\_
- \_\_\_\_\_
- What protective barrier will be between food and customers? (e.g. table, sneeze guard, distance) \_\_\_\_\_
- How will utensils be supplied to customers? (e.g. individual packets) \_\_\_\_\_
- How will dishes/utensils be washed, rinsed, & sanitized? (e.g. portable sink, wash tubs) \_\_\_\_\_
- How will workers wash their hands? \_\_\_\_\_

**ALL WORKERS HANDLING FOOD ARE REQUIRED TO HAVE A CURRENT FOOD HANDLERS PERMIT**