



A Celebration of Life Amid the Blue Ridge
October 16-18, 2009

Commercial Food Vendor Application

*Please complete, sign, and submit this application, payment, and your
Certificate of Liability Insurance before May 4, 2009*

Contact Name: _____

Business Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Website: _____

Items to be sold/cost: _____

- \$1,000 flat fee (no percentage of sales or further fees required)
- Electricity - \$75 generator hookup fee/overnight service provided
Voltage Requested: _____ Type of Prong: _____
- Ice – Estimated number of bags _____ 16 LB bags @ \$3.25 each

I, the undersigned, certify that the information furnished on the application is true, to the best of my knowledge, and represents the craftsmanship and/or quality of items to be represented at the Shenandoah Valley Hot Air Balloon, Wine & Music Festival. I further agree that any items deemed inappropriate by the organizers of the event will be removed from the sales area, and that I will adhere strictly to the rules, conditions, and guidelines of the Festival.

Also, I hereby hold harmless/release the Festival, The Harry Z. Isaacs Foundation, Inc., LONG BRANCH *Historic House and Farm*, their agents, and/or employees, of any and all liability for damage, costs, injury or loss to any person or goods from any cause whatsoever, and further agree to indemnify the Festival/Foundation against any and all claims for damage, injury, or loss arising out of or in connection with the use of the space or grounds in this Festival or the display and/or sale of any merchandise by it.

Signature: _____ Date: _____

Please read and follow the enclosed guidelines carefully. IMPORTANT CHANGES HAVE BEEN MADE.

LONG BRANCH *Historic House and Farm*
PO Box 241
Millwood, VA 22646
Phone: 540.837.1856
Fax: 540.837.2289
Email: angie@historiclongbranch.com
www.historiclongbranch.com

- **Deadline:** Deadline for applications is May 4, 2009.
- **Payment and Certificate of Liability Insurance:** A **one time payment of \$1,000** must accompany your application. It is required for each accepted participant to provide a Certificate of Liability Insurance in the amount of no less than \$1,000,000 per occurrence provided to Long Branch with your application. All Certificates of Liability Insurance must name The Harry Z. Isaacs Foundation, Inc./Long Branch/Shenandoah Valley Hot Air Balloon, Wine & Music Festival as additional insured for all days that the participant will be onsite at the event (including set up). The participant's issuing insurance company must have no less than a B+ rating by A.M. Best. Coverage must be obtained at the participant's own cost. **Your application will not be considered without payment and the Certificate of Liability insurance.**
- **Photos:** Photographs must accompany **ALL** applications. A minimum of 2 color photos showing booth display should be included with application and payment. Spaces are awarded to applicants displaying best quality from among those applying and all items sold must be listed to avoid excess duplication. Include SASE for returned photographs.
- **Acceptance:** Notification of acceptance or non-acceptance will be mailed by June 1, 2009. The committee reserves the right to refuse any vendor's application. Rejected applicant's booth space fee will be refunded. An accepted application with payment is a commitment to the Festival and **no refunds will be issued.**
- **Equipment:** Vendors are responsible for providing their own set up including: tent/canopy and all equipment/supplies including tables, chairs, display materials, etc., and are liable for delivery, handling, erection of tent and remove of displays and materials. **Those vendors requiring Long Branch staff to receive in your tent and other equipment is subject to a \$25 set-up fee. Prior notification of delivery and payment must be provided a week before set-up or set-up will not be permitted.**
- **Taxes/Licenses:** All vendors are responsible for collecting and reporting Virginia sales tax and any other taxes associated with their sales. Each vendor must secure an annual Clarke County Business License. An application and fee payment information will be provided. **The application/fee is due in the Commissioner's office before August 31, 2009.** For more information, contact the Commissioner of the Revenue Clarke County at 540.955.5186. **Each Festival food vendor is also responsible for obtaining a temporary food establishment permit before August 31, 2009.** For more information, contact the Clarke County Health Department at 540.955.1033.
- **Hours:** Booths are permitted, but not required, to open Friday from 4 pm to close, at no additional charge. Booths must be open and staffed at all times Saturday and Sunday from 9 am to 5:30 pm and may open as early as 7 am. Booth setup must be completed during/by the following hours: Thursday: noon – 5 pm, Friday: 9 am to noon, and Saturday: 6 am to 7 am. Anyone arrive late, leaving before closing, breaking down during show hours or entering show grounds without Festival organizers' consent will be refused entrance to the grounds and future Festivals.
- **Parking and Traffic:** Parking and traffic is not permitted in any show area after noon on Friday and after 7 am on Saturday and Sunday. Vehicles must be moved to participant parking lots immediately following unloading of merchandise and/or the above specified times. Traffic is not permitted in the show area each evening until approval is given by Festival committee/security due to pedestrian traffic, which may be delayed until well after 7 pm. **ANYONE ENTERING THE SHOW AREA WITHOUT CONSENT DURING THIS TIME WILL BE DENIED ACCESS TO THE EVENT AND FUTURE FESTIVALS.** Close access is provided to areas for unloading/loading and must be planned around specified hours. It is highly recommended that all exhibitors break down and pack up items before bringing vehicles into the show area at the conclusion of the event. Vehicles remaining in the show area or non-designated parking areas during Festival hours will be towed at the owner's risk and expense. **Participant parking will be located in the South lot (Gate #3). Please be aware that this is approximately one quarter mile from the main Festival grounds. If loading/unloading is necessary during the Festival hours, vendors must transport by hand or dolly.**
- **Parking Passes:** Each accepted applicant will receive two (2) parking passes to obtain entry into the Festival. If more passes are needed, they are available at \$3 each.
- **Booths:** They should be in keeping with the overall family-oriented event theme. Vendors may only sell items specified on application, as approved by Festival committee. Vendors may not transfer, let, sublet, share, or sell their contracted space. Relocating/extending assigned space is prohibited without consent of Festival organizers. No solicitation by applicant/associates may be made outside assigned booth space.

Participants are responsible for keeping their area and displays neat and clean during show hours, including clean up at the conclusion of the show.

- **Application:** Every applicant must sign and return the attached application (along with payment and a Certificate of Liability Insurance). The Festival will require removal of work considered to be in violation of these conditions and reserves the right to make final interpretation of all conditions. All applicants must complete in full and sign the application form, binding themselves to the agreements and conditions contained herein.
- **Festival Packet:** Those applicants accepted into the Festival will receive a vendor packet the first week of October. This packet includes directions, area hotels, a map of the Festival grounds, and your parking passes (two per accepted applicant). You will be notified of your booth location upon arrival.

APPLICATION SUMMARY

Festival Vendor Fee: \$1,000 = \$1,000
+ Electrical Outlet: \$75 = _____
+ Late Fee: \$25 = _____
+Set Up Fee: \$25 = _____
+Parking Passes \$3 each = _____
= Total Amount Due = \$ _____

Office Use Only

Receipt Date/Time : _____ *Director of Events Initials*: _____

METHOD OF PAYMENT

Check # _____ Date: _____ Amount: _____

Payable to: LONG BRANCH Historic House and Farm

Credit Card: MasterCard Visa

Name on Credit Card: _____

Credit Card #: _____

Exp. Date: ____/____/____ 3 Digit Verification #: _____

Credit Card Billing Zip Code: _____

Signature: _____

Date: _____