



FOOD VENDOR APPLICATION

Contact Information:

Business Name:

Business Address:

Contact Name:

Phone Number:

Email:

Food Information:

Have you previously been a food vendor at the White Plains Outdoor Arts Festival?
If so, please indicate which year(s):

Please specify the type of food you would provide at the Festival (*ex: sandwiches, barbecue, Latin, Indian, Italian, etc.*):

Please list and/or attach a copy of your proposed menu for the Festival:

What is the set-up of your concession (*ex: food truck, tent*):

Participation Release Agreement:

This agreement is entered into by and between the White Plains Outdoor Arts Festival, Inc. (WPOAF) and the Food Vendor completing, signing and returning the application. The Food vendor hereby releases the WPOAF, its officers, directors, committee members and volunteers from any and all liability, including but not limited to any consequential, special, punitive, or other damages for any loss or damage the Food Vendor may sustain in connection with the show, however caused. The WPOAF will not be held liable to the Food Vendor for failure of the event to take place. The Food Vendor hereby expressly assumes any and all risk, damage or lost profits to the Food Vendor, Food Vendor's personal property, food, beverage, or equipment, guests or guest's property arising out of their participation including, but not limited to: theft, wind, rain, damage or weather-related causes, or assigned space location designated by the WPOAF.

Print Food Vendor Applicant Name:	
Food Vendor Applicant Signature:	
Date:	

Submission Information:

Please mail the completed, signed application along with:

1. Payment. We welcome your payment either via PayPal or check. Food vendor fees are: \$300.00 for a single space or \$475.00 for a double space.

Please make check payable to: The White Plains Outdoor Arts Festival and mail to address below.

PayPal: If paying by PayPal a \$9.00 convenience fee will be added. Please note: No online application will be processed until full payment is received.

2. A Certificate of Insurance naming the City of White Plains as an additional insured for the amount of \$1,000,000.
3. A copy of your Temporary Food Service permit from the Westchester County Department of Health.
4. Photographs of the set-up of your concession and a sample menu.

TO: White Plains Outdoor Arts Festival
Box PMB 441
333 Mamaroneck Avenue
White Plains, NY 10605