



**Valley of Flowers Festival Applications
Food Booth Application**

**Friday, Noon – 9:00 p.m. & Saturday, 9:00 a.m. – 6:00 p.m.
James J. Eagan Center at Parker and Waterford
Application Deadline – first Friday in April**

By submitting this form, I agree to comply with the following rules. Applicant will:

1. Obtain a "Temporary Food Establishment" permit from the St. Louis County Department of Health.
2. Set up between 8:00 and 11:00 a.m. with their own electric generators, display unit, chairs, and tables. Tables must be draped. Limit of two (2) tables per space. NOTE: The Festival will not supply power.
3. Keep booth open until closing time, always staff the display space, and only offer food items for sale.
4. Clean the display space at the close of the show and remove all trash.
5. Hold harmless Sponsoring Organization and the City of Florissant for any loss or damage to person or property.
6. Provide a Certificate of Liability Insurance designating the Florissant Valley of Flowers Festival as third party to be insured under the applicant/vendor's insurance coverage.
7. Remove items from their space which the Sponsoring Organization may deem to be unacceptable.
8. Remit, by the first Friday in June, a Financial Statement with their gross income, regardless of net profit or net loss, with the amount they calculated for payment. Failure to submit this statement and payment may result in loss of eligibility for future festivals.

A non-refundable rental fee of \$100.00 payable to Valley of Flowers Festival per space (up to 10 ft. by 10 ft.) must be sent to complete your application. Applications are processed in the order they are received.

For additional information call 314-837-0033 or e-mail office@florissantvalleyofflowers.com.

The Sponsoring Organization reserves the right to have items removed from the space that are not deemed to be acceptable.

Contact Name: _____ E-mail address: _____

Phone (day time): _____ Phone (cell or evening): _____

Address: _____
(Street) (City) (State) (Zip)

Types of food to be sold: _____

Special Needs (i.e. wall space): _____

Authorized Signature: _____ Date: _____

**Scan and e-mail (see above), mail, or present in person application to:
Valley of Flowers, 601 rue Saint Charles, Florissant, MO 63031**

Check enclosed payable to Valley of Flowers Festival OR

I prefer to use PayPal. Please invoice me at the address above. (NOTE: Service charge applies)

*******FOR OFFICE USE ONLY*******

Accepted by Valley of Flowers Festival _____ Date _____