



Valley of Flowers Festival Applications
Offsite Concessions

Thursday through Sunday
Application Deadline – first Friday in April

Organization Name: _____

Contact Name: _____ E-mail address: _____

Positions with organization: _____

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

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

Concession Description: _____
(continue on the back of this form if needed)

Concession Location: _____

Dates Open (circle all that apply): Thursday Friday Saturday Sunday

By submitting this form, the organization agrees to comply with the following:

1. Non-profit/charitable organizations will send a non-refundable (if the application is accepted) payment of \$50 and commercial vendors will send a non-refundable (if the application is accepted) payment of \$100 to the Valley of Flowers Festival along with this application. **The fee is doubled to \$100 and \$200 respectively if paid after the last Friday in April.** Note: Applications are not considered complete until all payments are received.
2. Applicants will hold harmless Sponsoring Organization and the City of Florissant for any loss or damage to person or property.
3. Applicants agree that the Sponsoring Organization may revoke this application (without refund) if items sold are deemed unacceptable.
4. Applicant will 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.**

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

Authorized Signature: _____ Date: _____

Mail application and payment 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 by _____ Date _____



**Valley of Flowers Festival
Financial Statement**

Due by the first Friday in June

This report is for (*please mark one*): Offsite booth Eagan Center food or game booth

Organization Name: _____

Contact Name: _____ E-mail address: _____

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

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

Booth/Concession Description: _____

(1) Gross income _____

(2) 5% of gross income _____ = The amount due the Valley of Flowers Festival
(5% of line 1)

Failure to provide all information may disqualify your organization from future festivals!

Mail statement and payment 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 by _____ Date _____