



Valley of Flowers Festival Applications  
Offsite Concessions

Thursday through Sunday  
Application Deadline – first Friday in April

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](mailto:office@florissantvalleyofflowers.com).

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

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

**REMEMBER: The organization is required to submit a financial report at the end of the Festival. The Financial Report Form is attached.**

\*\*\*\*\*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 (from line 1) \_\_\_\_\_ = The amount due the Festival

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

**Scan and e-mail (see above), mail, or present in person statement 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 \_\_\_\_\_