



November 30, December 1 & 2 - 6:00 - 9:00 p.m.

**FOOD VENDOR APPLICATION**

**Application Deadline: October 1**

*IMPORTANT: There are only a limited number of food vendor spaces available. In order to ensure your eligibility for consideration please return the completed form with full payment as soon as possible. Acceptance is not guaranteed and is at the sole discretion of the Event Planning Committee. Any applications received after the October 1 deadline will not be considered, no exceptions.*

**IMPORTANT (Please read):**

Christmas in Davidson is accepting a limited number of food vendors for participation in Christmas in Davidson this year. All food vendors must be self-contained, be permitted by the county health department to participate, and provide all items needed for your set-up. In addition, you will have to commit to all three days of the event and be able to leave your set-up or food truck on site all three days of the event. (Please discuss any special circumstances with event coordinator)

Today's Date: \_\_\_\_\_  
Business/Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (cell) \_\_\_\_\_

Detailed description of what you intend to sell/promote at your food truck: \_\_\_\_\_  
\_\_\_\_\_

*(Please note: You "must" list all items intended for sale in your truck. If accepted, anything not listed will not be permitted for sale.)*

**HEALTH DEPARTMENT REQUIREMENTS:** All accepted applicants must be in compliance with all Mecklenburg County Health Department requirements and apply for the required permits directly from the county health department. Food Trucks will be required to provide proof of their permanent permit along with this application.

**FEES** (Check the appropriate area that applies):

_____	Food Vendor Booth Space	\$ 250.00
_____	Food Truck	\$ 250.00
_____	Electricity	\$ 35.00
	<b>TOTAL DUE WITH APPLICATION:</b>	<b>\$ _____</b>

The privilege to participate is granted by the Town of Davidson. Duplication of activities, concessions, and merchandise may result in denial of the request for participation. The event reserves the right to deny application for any reason.

Please return this form to: Kim Fleming \* Town of Davidson \* P.O. Box 579 \* Davidson, NC 28036  
or by email to Tina Gibson at [tgibson@imaginemusicgroup.com](mailto:tgibson@imaginemusicgroup.com) .  
Questions? Tina Gibson, Event Coordinator 704-995-2968, [tgibson@imaginemusicgroup.com](mailto:tgibson@imaginemusicgroup.com)

