



# Ebony Horsewomen 12<sup>th</sup> Annual Spring Festival



Ebony Horsewomen Equestrian & Agricultural Center  
337 Vine Street Hartford, CT 06112

EBONY HORSEWOMEN 12<sup>TH</sup> ANNUAL SPRING FESTIVAL

June 10, 2017

10:30 AM TO 6:00 PM

## FOOD VENDOR APPLICATION

\*indicates mandatory fields

\*Business Name: \_\_\_\_\_ \*Type of Business \_\_\_\_\_

\*Licensed vendor no. \_\_\_\_\_ Yes (Enter #): \_\_\_\_\_

Attach License: \_\_\_\_\_

\*Type of food being sold: \_\_\_\_\_

Once selected by Ebony Horsewomen as a vendor, you are responsible for completing and submitting a Temporary Food License to the:

**City of Hartford**  
**Department of Health and Human Services**  
131 Coventry Street  
Hartford, Connecticut 06112  
Tel: (860) 757-4700  
Fax: (860) 722-6851

\*Contact Name:

First \_\_\_\_\_ Last \_\_\_\_\_

\*Address:

\_\_\_\_\_ Phone #:

\_\_\_\_\_ Fax#: \_\_\_\_\_ \*Email:

This email will be used to send you confirmation of application submission. Please verify that the email that you have submitted is correct and accessible.

\*If selected, which booth option are you purchasing?

10X14 FT. SPACE FEE \$75.00 \_\_\_\_\_

\*Would you like to purchase additional food vending space for \$50? Yes \_\_\_\_\_

No \_\_\_\_\_

**VENDORS WILL NOT BE ALLOWED TO ADD ON TO A SPACE WITHOUT PAYING AN ADDITIONAL FEE. THIS WILL BE STRICTLY ENFORCED.**



## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am issued a license, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate revocation of my license. I further agree to abide by all Federal and State laws prohibiting the sale and use of illegal drugs and alcohol and I also understand that if I or any of my employees are arrested for sale and use of illegal drugs or alcohol that such arrest is grounds for immediate revocation of my license and notification to the State and Federal agencies.

\*Your Name

First \_\_\_\_\_ Last \_\_\_\_\_

\*Date (MM/DD/YYYY) \_\_\_\_\_

\*Signature \_\_\_\_\_

Please submit the attached form and a **non-refundable deposit of \$50 by May 20, 2017**. Food vendor space is available on a first come, first served basis. No space will be considered without deposit.

**Vendors will be notified by May 29th and the fee for their space will be due by June 3rd. Insurance riders and city permits are also due at that time. Please do not send more than the \$50 deposit at this time.**