



Elk Rapids Area Chamber of Commerce
305 US 31 North
P.O. Box 854
Elk Rapids, MI 49629
Phone: 231-264-8202
Email: info@elkrapidschamber.org
Website: www.elkrapidschamber.org

Leading Businesses.
Leading Communities.™

2017 Food Vendor Application Evening on River Street

Organization Name: _____

Contact Person: _____

Address: _____

Phone: _____

Email Address: _____

Type of Food: _____

Dates Requested for Wednesday Evenings on River Street 2016:

(Please Check) 6/21___, 6/28___, 7/5___, 7/12___, 7/19___, 7/26___, 8/2___

Fee Schedule: \$60 per week OR \$350 for 7 week commitment
\$125 extra for a Patron Sponsorship

Amount enclosed \$ _____

A trash receptacle will be provided for you, you are responsible to pick up all trash and clean up your area (tie up trash) before you leave at 9:00.

Note:

- The committee chairperson will determine exact set location for vending.
- This application **MUST** be approved before you may participate.
- This application must be accompanied with vendor fee check.
- No refunds due to inclement weather
- Allow at least 5 business days for consideration.
Return application to the Chamber office at the address listed above.
- Only Elk Rapids Chamber members are eligible to participate.

The Elk Rapids Area Chamber of Commerce, and has the right to accept or deny any application for any reason. Proper food licensing must be obtained and kept current throughout the above mentioned season.

Vendor signature: _____

Date received for consideration _____ by _____

Accepted___ Not accepted___ Dates _____

Elk Rapids Area Chamber of Commerce _____