



Food Concession Form: Free Flame Fire Festival

Event Location: Helmuth Corral Ranch, 196 Corral Road NE, Milledgeville, GA 31061

Vendor Set-Up Dates: Friday, July 26, 2019 (8AM-5PM)

Event Dates: July 26-28, 2019: Friday (6PM-11PM)/Saturday (11AM-11PM)/Sunday(8AM-5PM)

Event Hosts: John & Fin Kernohan, UTHA Productions

Event Organizer: UTHA Productions, P.O. Box 4905, Eatonton, GA 31024

Telephone: 706-623-4332 **Email:** festivals@freeflamefestival.com

Company: _____ **Contact:** _____

Address: _____ **City, State, Zip:** _____

Telephone: _____ **Alt Phone:** _____

Email: _____ **Web Site:** _____

Size of Food Truck/Food Booth/Preparation & Serving Area: _____

Description of food service:

Food Concession Pre-Paid Reservation Space Fee:

_____ : **\$250.00 PER FOOD CONCESSION 12’x20’ SPACE FEE**

I am requesting _____ Space(s) for the event.

Food Vendor Booth Space Description: Each food vendor is provided a single space for the number of spaces requested/paid for. Break-down of all food vendor areas are asked to be completed within 4 hours after the end of the event on Sunday.

By completing pages 1-2 of this Agreement, the above named Vendor does hereby attest it holds and possesses all current and valid licenses, insurances and permits necessary and required to prepare, serve and sell food & beverages (as described above) within the state of Georgia, Milledgeville, GA; and in Baldwin County, GA. Also, the above-named Vendor agrees to add “United Tiny House Association”, “UTHA Productions” and “Free Flame Fire Festival” to its event liability insurance; and provide a copy to the organizer of the Free Flame Fire Festival. Additionally, the organizers of the Free Flame Fire Festival and representatives of the United Tiny House Association reserve the right to shut down any food vending area and have said food vendor removed from the venue in the event it does not possess the before-mentioned licensure/insurance/permits.

I, _____, have read both pages of this Free Flame Fire Festival Food Vendor Agreement; and agree to both its terms and conditions.

Signature: _____ **Date:** _____



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Vendor Booth Space Description (continued): All food vendor areas are asked to be kept in a clean and sanitary condition; and are in good taste and appropriate for families with young children. The organizers of the Free Flame Fire Festival, and approved members of both the United Tiny House Association and UTHA Productions, reserve the right to ask vendors to modify their display areas or to leave the event without fees being refunded if there is an issue with a display area.

Vendor Information: All vendor booth spaces are assigned on a first-come-first-serve basis based on when an application is received, reviewed, accepted and paid for.

Additionally, this is a rain or shine event. Refunds for any cancellations or “no shows” made in less than 48 hours prior to the event are at the sole discretion of the organizers of the Free Flame Fire Festival. All cancellations made more than 48 hours before the event will be refunded, less a \$50.00 processing fee. Additionally, the organizers of the Free Flame Fire Festival reserve the right to deny any application for any reason.

Vendor Booth Space Payment Information: This is a rain or shine event, unless otherwise announced or notified by organizer. Make checks, money orders, or cashier check payable to “John Kernohan/UTHA” and mail to: John Kernohan, Chairman, UTHA Productions, P.O. Box 4905, Eatonton, GA 31024. (A scanned or picture image of this completed form can be emailed to festivals@freeflamefestival.com.)

Payment Information:

Check Included Money Order/Cashier Check Included (Check/MO No: _____)

Credit Card (Please Complete Below) Master Card Visa Amex

Pay Online [HERE. \(https://squareup.com/store/UTHA\)](https://squareup.com/store/UTHA)

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____ Zip: _____

I, _____, have read both pages of this Free Flame Fire Festival food concession vendor application and agree to both its terms and conditions, and to allow my credit card to be charged in the amount reflected on page 1 on this form.

Signature: _____ Date: _____