

14<sup>th</sup> Annual Pure Aloha Fall Festival & Concerts

**Food Vendor Application**

Silverton Casino Hotel • 3333 Blue Diamond Rd.

Business Name or DBA:			
Contact Person:		Title:	
Address:	City:	State:	Zip:
Email	Main Phone:	Alt. Phone:	
NV Tax ID:	NV Business License #		

Return Vendor       Address has changed

Description	Cost
10' x 10' Food Vendor space includes (1) 10' x 10' Canopy & (1) 20-Amp Outlet	\$1317
Additional 10' x 10' Canopy (Placed behind booth & does not include additional power)	\$363
<b>Total</b>	<b>\$</b>

	Cost	Amt.	Total
Additional 20-Amp Outlet	\$178	x	\$
2' x 8' Banquet Tables	\$20	x	\$
Folding Chairs	\$5	x	\$
Vinyl Sidewall (8' x 10')	\$40	x	\$
<b>Total</b>			<b>\$</b>

	Cost	Total
State of Nevada Business License Fee	\$5	\$
Refundable Cleaning Deposit	\$100	\$100
Any payments made after September 18 <sup>th</sup> , 2019	\$100	\$
2' x 3' Overnight Cold Storage	\$200	\$
<b>Total</b>		<b>\$</b>

Add **Yellow** highlighted totals to get the TOTAL Cost

\*If paying with Credit Card add 4% of the total cost

*\*Please contact us for a credit card authorization form.*

**Total Owed**      **\$**

**Make checks to: Vizzun Entertainment**

**Mail application to: Vizzun Entertainment, 3871 S. Valley View Blvd. #75, Las Vegas, NV 89103**

*By signing, you verify that you have read and understand the rules and requirements to participate in this event. Any vendors who have not paid in full prior to start of event will not be allowed to participate. Any of the rules are not followed will result in the forfeiture of your deposit and any money paid. There will be **NO REFUNDS** of booth fees in any case, especially of inclement weather, which we have no control of. **All booth purchases are final, and payments are non-refundable.** Failure to comply with any of the Rules and Regulations either contained herein or later provided to Vendor, either orally or in writing, shall be grounds for immediate termination of the Agreement with no refund.*

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

	/ /19	\$ _____	Cash / Credit Card / Money order / Cashier's check _____
Recd. By:	Date Received	Amount Paid	Type of Payment
			Check #

