



## NON-FOOD VENDOR APPLICATION

October 6-7, 2017

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

An explanation of what you will sell at the event: \_\_\_\_\_

\_\_\_\_\_

**VENDOR APPLICATION FEE: \$50.00**

Submit payment with this completed application. **NO REFUNDS**

Payment: **Make check payable to: Decatur Smokin' BBQ, 202 E North Street, Decatur, IL 62523.**

**Please also include proof of Insurance.**

Please provide a picture of what you plan to sell with your application.

What is the size of your trailer? \_\_\_\_\_ Electricity Y\_\_\_ N\_\_\_ Water Y\_\_\_ N\_\_\_

Once application and payment has been received, you will receive a packet with information confirming your agreement and directions as well as Festival information.

If you have questions please call LaVell at 217-390-5455 or Sarah at 1-800-331-4479.

***I further agree to accept all conditions set forth and to abide by the rules and regulations of The Kansas City Barbecue Society, Brush College LLC/Richland Community College and the Decatur Smokin BBQ Festival.***

Please Print Legibly Company Name \_\_\_\_\_

Print Signer's Name \_\_\_\_\_

Signature of \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_