



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: \$300.00

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.

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 ___/___/___