Goat Day Food Application

October 21, 2023 Sam Adkins Park, Blountstown, Florida

PLEASE RETURN APPROPRIATE FEES WITH APPLICATION

Name of booth or organization:	Person in charge of booth	
Types of food to be served: (attach additional pages if necessary)		
Tax ID #Non-Profit ID# (if applica		
Only the food types listed on your application, and approved by the THERE WILL BE NO EXCEPTIONS. Any violation of this rule will be time is on Friday between 8:00 AM - 6:00 PM	Committee, may be served.	
Fee for booths 20' wide by 20' deep which includes water, trash rem \$200.00 (If trailer including tongue is over 20' you will need two		
Number of Spaces Needed:Fee Submitted:		
Total amount of amperage/voltage your booth will need during even	t:/	
At what location will any food be prepared in advance?		
Method of keeping food hot and/or cold at event site:		
Food must be protected from dust, insects, coughs, and sneezes. H protection?		
Describe your structure:		
CONTACT PERSON:		
Name (print):		
Address:		

I have read and agree to the CRITERIA AND RULES FOR PARTICIPATION.

Florida Administrative C	oplicable food service requirements in accordance wit ode, or the rules set forth by the Blountstown Rotary you understand this completely? YesNo _	Club, will result in
attachments are true, coinclude food intended fo agree to assume complete	t of my knowledge and belief, all statements contabrect, complete, and made in good faith. I understant service to the public, regardless of whether there is the responsibility for this establishment, and I certify the with the Florida Administrative Code, Chapter 10-E	d that these regulations a charge for the food. I nat said business will be
I/we hereby agree to, in representatives and sucdamages, liability and edamage to property arisi business from same, by limitation.	all events, indemnify the Blountstown Rotary Club cessors and hold same harmless from and against an expense in connection with the loss of life, persona- ing from or out of the sale of any product of the operation y lessee their agents, contractors, employees, serv	y and all claims, actions, I injury or illness and/or on or conduct of lessee's rants, or others, without
For further information contact: Sharon Chason (850) 557-1764 or sharon_chason@yahoo.com		
Signature of Applicant/Lessee Date		
To assist us with assigning appropriate vendor lots for your specific needs please indicate on the diagram below the side(s) from which you will serve your merchandise.		
		FRONT OF TRUCK / TRAILER (DIRECTION OF TRAVEL)
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