



# BBQ VENDOR APPLICATION

EVENT DATE: SEPTEMBER 14, 2019

<b>CONTACT INFORMATION:</b> Email: events@lawrencevillega.org Phone: 678.407.6653	<b>VENUE INFORMATION:</b> Lawrenceville Lawn 210 Luckie Street Lawrenceville, GA 30046
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Please ensure handwriting is legible.

Vendor Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Rig Size: \_\_\_\_\_ Serving Side: \_\_\_\_\_ Power Needs: \_\_\_\_\_

List/describe menu AND prices that will be listed in your booth:

**(A BBQ item is required on each vendor's menu. Please note that your application will NOT be considered without a menu and price list.)**

\_\_\_\_\_

\_\_\_\_\_

			Fee	Subtotal
Select:	<input type="checkbox"/>	<b>BBQ Vendors</b> <i>(Certificate of Liability Insurance is required)</i>  <b>How many people you can serve between 1PM-8PM: _____</b>	\$350	(1)
	<input type="checkbox"/>	<b>Electricity - How many outlets are needed? _____</b>	\$50 (per outlet)	(2)
	<input type="checkbox"/>	<b>Opt-in for People's Choice (no fee)</b>	\$0	(3)
<b>Add lines 1 and 2 above and enter amount here →</b>				(4)
<b>If paying by credit card, a 3.75% (non-refundable) service fee will be added to your subtotal. Multiply line 4 x 0.0375 and enter amount here. If paying by check enter \$0</b>				(5)
<b>Add lines 4 and 5. This is your total amount due →</b>				

**PLEASE NOTE:**

- Each approved BBQ Vendor will receive booth space based on rig size.
- NO electricity is included! Please indicate above if you need electricity.
- No water hoses or extension cords are available. You MUST bring your own if needed.
- Lemonade sales will be limited to our exclusive lemonade provider.
- Applications must be received no later than August 23, 2019. Space is limited.
- You will be notified via email within one (1) week of receipt of application and fee as to the application status. You will also receive additional information regarding procedures for the day of the event.
- A Certificate of Liability Insurance is REQUIRED no later than September 1, 2019.
- All fees are non-refundable unless cancellation, in writing, is received before 5PM on August 23, 2019. If the event is cancelled for any reason up to the day of the event, a refund will be made within 45 days of cancellation. However, please note that this event occurs outdoors and is a rain or shine event.

**METHOD OF PAYMENT:**

Check attached (made payable to City of Lawrenceville) **Check number #** \_\_\_\_\_

Visa  MasterCard  Amex **Credit Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Expiration date** \_\_\_\_/\_\_\_\_

**Signature authorizing charge to above number:** \_\_\_\_\_

**Print Name as appears on Card:** \_\_\_\_\_

**\*If paying by credit card, please return the completed application via mail or hand deliver. Do not submit by email.**

**Waiver of Liability**

I understand and acknowledge that participation in this event can be hazardous, and I hereby assume all risk while participating. I, and anyone entitled to act on my behalf, waive and release the City of Lawrenceville, its agents, employees, officers, officials and sponsors from all rights and claims for any personal injury, death, or property damage suffered by me, or that I cause to others, as a result of my participation in this event. I, the undersigned, agree, without any right of payment or editing, to allow the City of Lawrenceville to use the images of me and/or my children, including reproductions of photos, video, audio or other reproductions, for use in all types of media for public relations purposes to promote City of Lawrenceville activities. I, the undersigned, give permission to the City of Lawrenceville to obtain and authorize medical care for participants at any hospital, emergency medical center, or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. I also agree to be responsible for the expenses of any medical care required, and I hold the staff authorizing the medical care harmless from any damages suffered by the participant as a result of the medical treatment authorized.

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit completed application with payment to:**

City of Lawrenceville  
Attn: Rock'n the Ville: Car-B-Ques & Brews  
P.O. Box 2200  
Lawrenceville, GA 30046

**OFFICE USE ONLY**

**Event Coordinator Signature:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_