

PLEASE READ CAREFULLY FOOD VENDOR CONTRACT

As a food vendor with AM-JAM on May 22 - 25 2009, I agree to pay a **Two Hundred & fifty dollar (\$250.00)** deposit that is **non-refundable**, and a **Two Hundred dollar (\$200.00)** balance on setup. I also agree to pay **AM-JAM, Inc. 10%** of my gross sales. **You must have a working cash register** to give an accurate receipt of the days sales.

Setup is Thursday May 21st, 2009 between 12:00 PM and 6:00 PM .

All food vending booths are 10 x 20 - your concession must fit within the allotted measurements. This does not mean that you can use a 10 x 20 space for your concession and then have additional equipment near or behind your booth. All vendor vehicles other than the actual concession equipment will be placed in the vendor parking area. Vendors will be able to sell their own beverages excluding alcohol

ABSOLUTELY NO DOGS!! NO EXCEPTIONS!! This rule will be enforced!!!

Make sure your area is **clean or you will not be invited back!!** Garbage bags are available at the front gate. Vendors will have until 7 pm Monday evening to clean their areas and vacate the grounds. Each food vendor will receive **two (2)** passes. Any additional helpers can purchase an **advance \$25 pass or \$45.00 at the gate**. **No one** will be admitted on the grounds without a pass, not for a delivery, to ask a question , etc. this privilege has been exceedingly abused.

Vendor agrees to comply with all New York State Health Codes. **A copy of your liability insurance is required**, our insurance carrier has made this a requirement for operation of **AM-JAM** .

Please contact Schoharie County Board of Health before May 1st to receive the proper applications. All food vendors must be in place by Thursday May 21st before 6 PM for inspections by the Health Department and certificates issued.

Business Name _____

Thank You,
Jeannie

Address: street _____

City _____ State _____ Zip _____

Telephone number : _____ EMAIL: _____

NYS Tax Number : _____ Electric needed ? YES / NO (circle one)

Number of spots: _____ X \$250 = _____ Deposit now:\$ _____ Balance : \$ _____

Credit card # _____ Exp date ____/____

Signature: _____

Vendors -- PLEASE enclose a self-addressed, stamped envelope to receive your passes.

*****YOU MUST SUPPLY A MENU FOR APPROVAL WITH THIS CONTRACT *****

Food vendor questions call Jeannie at 518-893-2273 or Patti at 518-356-1594