



2019 Great Americana BBQ Festival Vendor Contract



Vendor Business Name: _____

Vendor Contact Person: _____

Complete

Address: _____

Email: _____

Office/Home Phone # _____ Cell #: _____

Type of Business: _____

Tennessee Sales Tax # _____

***REQUIRED:** Copy of Liability insurance provided: YES _____ NO _____

Name of Provider: _____

Date Insurance Expires: _____

BBQ Vendor:

Size of space needed:

- _____ 10'x10' – Non Food Vendors - \$100 (includes 2 vendor passes)
- _____ 10'x20' – Non Food Vendors - \$200 (includes 4 vendor passes)

Flavor of Franklin (Friday night):

Yes _____ No _____

Electrical needed:

Yes _____ No _____

Please indicate below any special arrangements or accomodations:

Release of Liability Clause

I, the undersigned, agree that I and any of my family or staff will not hold the FRANKLIN NOON ROTARY CLUB or its members liable for any injuries, damages, or losses due to theft, negligence, or any other unforeseen event that may occur due to my participation as a vendor at the GREAT AMERICANA BBQ FESTIVAL. My signature means I am fully aware that my participation is of my own free will and I am responsible for my actions, exhibits and products I sell and will not hold the FRANKLIN NOON ROTARY CLUB responsible in any way.

Signature of Applicant: *Required*

Signature of Applicant: *Required*

Date: _____

Date: _____

**Make checks payable to:
The Great Americana BBQ Festival**

Mail completed form and payment to:
Great Americana BBQ Festival c/o Valerie Clarke
358 4th Ave. S. Unit B1, Franklin, TN 37064