APPLICATION FOR THE 31st ANNUAL MOUNTAIN STATE APPLE HARVEST FESTIVAL
ARTS & CRAFTS SHOW, OCTOBER 16th & 17th, 2010
FOOD VENDOR

Applications must be received by May 31st, 2010

It is imperative that we receive your application by this date! We do have a waiting list. If it is not received by this date, it is a first come, first served basis; you may lose your spot.

Concession Name: _____ Owner (s) Name: _____

Address: _____
Street/P O Box City State Zip Code

Home Phone: _____ Business Phone: _____

Email Address:_____ Web Site:_____

**Would you like your acceptance/denial letter sent to your Email address? YES_____ NO_____

AMPS Required: _____ Health PermitNumber_____

Please include a menu or list of the foods and drinks your concession will be selling. Since space is limited, this will help us determine which vendors will provide the best variety of food to our customers.

_____
_____
_____
_____
_____

SEND NO MONEY WITH YOUR APPLICATION. If approved, you will receive an approval letter which will include the amount to be paid.

ALL spaces are $325.00 Number of Spaces: _____ ☐ I would like same space(s) as last year.

All food vendors will be required to have a Certificate of Insurance and a Health Permit. Please send a copy of your insurance certificate and health permit with your completed application. If you do not have these items by the dates of the show, you will not be able to participate.

Please Mail Completed Application to:

Mountain State Apple Harvest Festival
P O Box 577
Kearneysville, WV 25430

OR

You may download the application from WWW.MSAHF.COM and submit the application using our email address of ***WVMARYFRANCES@AOL.COM*** ***TERANDMAR@COMCAST.NET***