



**FOOD VENDOR APPLICATION
LAMOILLE COUNTY FIELD DAYS
July 18, 19, 20 2025**

COMPANY _____

CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

E-MAIL _____ WEB SITE _____

TYPE OF PRODUCT(S) SOLD _____

DIMENSION OF SALE AREA INCLUDING HITCHES, ETC (**State requires an amount; "Same as Last Year" is not acceptable**)

FRONT FOOTAGE OF _____ AND SIDE(S) FOOTAGE OF _____

110 VOLT POWER: Yes _____ No _____ 220 VOLT POWER: Yes _____ No _____

MUST HAVE A 100 FOOT POWER CORD

ADDITIONAL DEPTH OVER 15' NEEDED _____

FOOD VENDOR FEES: \$125.00 Deposit due with application plus 10% of Gross Sales from Friday, July 18, 2025 through Sunday, July 20, 2025 at 3 p.m.

220 VOLT POWER (Upon Availability) \$25 PER DAY

The concessionaire, by signing this contract, agrees to the following conditions and payment schedule.

- 1) **Will provide LCFD a certificate of liability insurance in the amount not less than \$1,000,000 naming Lamoille County Field Days, Inc. as an additional insured for the period July 18, 2024 through July 20, 2025**
- 2) LCFD will issue daily passes to enter the grounds and operate the contracted space upon arrival
- 3) Booths must be set up on Thursday, July 17, 2025, and needs to be ready for operation on Friday, July 18, 2025 (**No setting up of booths on Friday**).
- 4) **Booths must be manned continuously and not torn down until 4:00 p.m. on July 20, 2025**
- 5) All vehicles have to be in parking lots by 8:00 a.m. daily and may not be operated inside the fence during the fair hour.
- 6) All exhibits must be removed from the grounds by Monday, July 21, 2025
- 7) All exhibits will be left at the exhibitors' own risk.
- 8) **10% of Gross Sales needs to be paid on Sunday July 20, 2025 prior to leaving the grounds.**

Hold Harmless/Indemnification: Concessionaire shall be solely responsible for any and all injuries to persons or damages of property or any other injury, claim, damage or loss of whatever nature, arising directly or indirectly from the Fair. Concessionaire shall **INDEMNIFY, SAVE AND HOLD HARMLESS** Lamoille County Field Days and its employees, agents and volunteers from and against all liability, loss damages, claims, costs and expenses (including attorney fees) arising out of injury to person or damages to property or any other injure, claim, damage, loss, cost or expense arising from the Fair.

Applicants Signature _____ Date _____

APPLICATION and \$125.00 Deposit and certificate of insurance must be received by MAY 31, 2025

LAMOILLE COUNTY FIELD DAYS, INC.

PO BOX 357

HYDE PARK, VT 05655

Phone: 802-635-7113 or e-mail: lcfielddays@gmail.com

www.lamoillefielddays.com

FOR OFFICE USE:

Fee Owed: \$125.00 Deposit and 10% of Gross Sales from Friday, July 18, 2025 through Sunday, July 20, 2025 at 3:00 p.m.

Date Received: _____

Deposit Received: _____ Check Number: _____

Amount Due: 10% of Gross Sales _____ Insurance Received: _____