

APPLICATION FOR ARTS & CRAFTS EXHIBITS

FULTON OYSTERFEST

Thursday March 5th - Sunday March 8th, 2020

THIS APPLICATION WILL NOT BE ACCEPTED UNLESS THE ENTIRE FORM IS COMPLETE AND A PICTURE ENCLOSED. IF SELECTED, YOU WILL RECEIVE AN ACCEPTANCE LETTER.

DATE _____

NAME _____ COMPANY NAME _____

ADDRESS _____ PHONE NUMBER (_____)

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

Have you ever exhibited at the Fulton Oysterfest? Y__N__ If yes, how many years__ Did you exhibit at the Fulton Oysterfest in 2018? Y/N

SIZE OF SPACE REQUIRED (Check one)

(All Spaces with power)

License Plate of Vehicle _____

() 10 x 10 space \$250.00

() 10 x 20 space \$500.00

*If your booth has food in it, please fill out the attached food permit. If not, please disregard.

MERCHANDISE:

Please list all items which you will be displaying or selling during the show. Your space will be assigned on the basis of this list and the picture(s) enclosed. Once you are accepted, you may not display or sell any additional items without the approval of the Exhibits Committee. Violations of this rule can mean immediate cancellation of any agreement and forfeiture of all rental moneys. All payments will be due by the date on your acceptance letter. **NO PAYMENT IS DUE AT THIS TIME.**

The Fulton Volunteer Fire Department, the Oysterfest Committee, its officers, agents, employees, volunteers and other representatives shall not be held liable for and hereby are released from liability from any damages, loss, harm or injury to the person or property of the exhibitor or any of its officers, agents, employees, volunteers and other representatives, resulting from theft, fire, water, weather, accident or other reason. The exhibitor shall indemnify, defend or protect the Fulton Volunteer Fire Department, the Oysterfest Committee and hold harmless from any and all claims, demands, suits, liability, damages, loss expenses, attorney fees and expenses or any other nature which might result from or arise out of any action or failure to act on part of the exhibitor or any of its officers, agents, employees, volunteers or any other representatives.

By my signature below, I agree to the above statement. By my signature below I also agree I have read and that if selected, I and my agents or representatives will abide by the rules and regulations set forth in the Oysterfest Agreement Governing Exhibitors during the entire festival weekend.

Signature of Exhibitor _____ Date _____

APPLICATION NOT VALID WITHOUT SIGNATURE Please

use the back of the application for suggestions, comments or requests.

Deadline for this application to be returned is: November 30, 2019.

Please mail to: Fulton Oysterfest

PO Box 393

Fulton, TX 78358

361-463-9955, Fax to: 361-729-7029 E-mail: fultonoysterfest@gmail.com (Attn: return Oysterfest application)

FULTON OYSTERFEST

P.O. Box 393

Fulton, Texas 78358

361-463-9955

(fax) 361-729-9121

August 15, 2019

Dear Exhibitor:

Enclosed please find the application for the 2018 Fulton Oysterfest Arts & Crafts Exhibits and the temporary food permit (if applicable) for your booth at Fulton Oysterfest. Any vendor selling food items of any kind must purchase a permit to sell their food items at their booth. Please fill out and return the food permit to The Town of Fulton, PO Box 1130, Fulton, TX 78358 with payment of \$25.00 (money order preferred) made payable to: **The Town of Fulton**.

We look forward to seeing you in February!

Thank you,

Beverly Garis

fultonoysterfest@gmail.com

****THIS ONLY APPLIES if you serve food in your booth.****

Town of Fulton

**Retail Food Establishment Application
P.O. Box 1130 • Fulton, Texas 78358
361-729-5533**

Application for Food-Related Establishment Permit

Name of Business: _____

Owner's Name: _____ Phone: (_____) _____

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Manager's Name: _____ Phone: (_____) _____

Number of employees: _____ Do employees have Employee Food Handler Cards: Yes ____ No ____

Does owner/manager have Food Service Manager's Card: Yes ____ No ____

Check Type of Establishment:

- | | |
|---|---|
| <input type="checkbox"/> Retail - Pre-packaged foods only | <input type="checkbox"/> Bars / Taverns, etc |
| <input type="checkbox"/> Retail - With food service | <input type="checkbox"/> Meat Market (includes Fish Market) |
| <input type="checkbox"/> Retail- With meat market &/or deli &/or bakery | <input type="checkbox"/> Food Service Only |
| <input type="checkbox"/> Mobile Food Vending Unit | |

Food Service &-Bar/Lounge Permit Fees

- | | |
|---|---|
| <input type="checkbox"/> 0-3 Employees per establishment \$70.00 | The Town of Fulton does not differentiate between full-time and part-time employees. |
| <input type="checkbox"/> 4-6 Employees per establishment \$120.00 | |
| <input type="checkbox"/> 7-9 Employees per establishment \$220.00 | |
| <input type="checkbox"/> 10-15 Employees per establishment \$320.00 | |
| <input type="checkbox"/> 16+ Employees per establishment \$420.00 | <input type="checkbox"/> Mobile vendors (Meat trucks, ice cream trucks, shrimp vendors, etc.) Annual Health Permit per vehicle per year \$60.00 |

Temporary events

Such as carnivals, festivals or other related events, if they sell food or beverages to the public, may be granted a Health Permit good for 14-days or the duration of the event for a one-time permit cost of \$25.00

In making application for a HEALTH PERMIT, which is necessary to operate my business I understand and agree to comply with all State, County and City Laws and/or ordinances that may govern the conduct or operation of my business/group. I understand that failure to operate according to this agreement may result in the closing of the operation of my business/group. I understand that failure to operate according to this agreement may result in the revocation of this permit and/or other legal remedies as stated in regulations applicable to my business/activity.

Applicant signature: _____ Date: _____

Applicant Driver's License Number: _____ State: _____