



Harbor City Cook-Off Festival Vendor Application

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Vendor Category (please check one):

- | | |
|---------------------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Art/Jewelry | <input type="checkbox"/> Food Vendor |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Candles/fragrance |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Commercial booth |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Non-profit organization – 501C3 Federal Tax ID # _____ | |

Brief description of your items _____

Do you have a Sales Tax Permit? _____ All booths 10x10 (1) 8 ft Table and 2 Chairs.

Booths will be given on first come first serve basis unless other arrangements have been made.
Set-Up: 9:00am-11:00am – Break Down: 7:00pm or later

Arts and Crafts _____ x \$ 75.00 = _____

Commercial _____ x \$ 50.00 = _____

Non-profit _____ x \$ 50.00 = _____

Food Vendor _____ x \$ 200.00 = _____

(NOTE: Electrical service provided for additional \$25.00 in booth area only when requested. Exhibitor must provide any electrical cords needed. Cords must be compatible with amp requirements.)

1-Day City Occupation Tax _____ x \$ 5.00 = _____

MAKE CHECKS PAYABLE TO: PINE BLUFF PARKS & RECREATION

**MAIL TO: HARBOR CITY COOK-OFF FESTIVAL
P.O. BOX 7676
PINE BLUFF, AR 71611**

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