



FOOD CONCESSION APPLICATION

All food concessionaires wishing to sell food at the Michigan Challenge Balloonfest must complete this application and return it to the Howell Area Chamber of Commerce, 123 E. Washington Street, Howell, MI 48843 on or before March 3, 2025.

SECTION I

CONCESSION NAME _____ SALES TAX # _____

BUSINESS NAME _____ TFU# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ CELL PHONE _____ EMERGENCY PHONE _____

CONTACT NAME _____ EMAIL _____

SECTION II

FOOD TO BE SOLD _____

SIZE OF CONCESSION: FRONTAGE (serving side) _____ FT HEIGHT _____ FT DEPTH _____ FT

SECTION III

GENERAL RULES AND REGULATIONS

1. All food vendors must have valid Livingston County Health Department Permit/Certificate. Inspections will be made upon arrival and throughout event.
2. Vendors must comply with fire department regulations. Inspections will be made of all vendor facilities.
3. Vendors must provide a valid certificate of liability insurance, naming the Howell Area Chamber of Commerce as additional insured, with this application. Vendors WILL NOT BE ALLOWED TO SET UP until insurance certificate is received by the Chamber or the Michigan Challenge Committee.
4. The Michigan Challenge Committee will assign booth location. Once assigned, movement will not be permitted.
5. For insurance purposes, vendors are prohibited from using motorized vehicles throughout the Michigan Challenge Balloonfest site.
6. Carbonated soft drinks and single serve beverages sold MUST be Pepsi products. No other carbonated or single serve beverage signs, cups, napkins, etc. may be displayed.
7. Vendors must place initial order of how much product they will need over the weekend and submit one week prior to the event (no later than June 20th).
8. Vendor will supply proper power cords subject to Fire Marshall approval – minimum 200 feet.
9. Vendors will supply proper sanitary water hose, connections and check valve. Hose must be at least 200 feet.
10. Vendors will supply no less than two (2) large refuse containers and empty as needed. Disposal of waste must be in appropriate containers.
11. There will be NO REFUND of booth fees.
12. Vendor must provide picture of booth with this application.
13. Vendor must park and travel in designated areas only.
14. Vendors must be open, ready to serve by 4 p.m. Friday until the close of activities Sunday. Vehicles must be moved to parking lot.
15. Vendors must sell goods only from their concession area. No hawking. No public address systems.
16. One-half of the Vendor fee must be paid with this application. Balance of fees must be paid by April 30, 2025.
17. Overnight camping on the premises of the Howell Public Schools, site of the Michigan Challenge, is not allowed.
18. Smoking is not allowed on school grounds.
19. Consumption or promotion of alcoholic beverages, foul language, violation of stated rules or other actions deemed inappropriate by the Michigan Challenge Committee will be cause for immediate removal from premises and denial of future participation in the event.
20. Michigan Challenge Balloonfest Committee, its sponsors, members and participants, assume no liability for loss or damage to a vendor's wares or property. Every precaution will be taken to guard against loss or damage, but the vendor hereby waives any claim for loss or damage to his/her property.
21. Supply/storage trucks must be parked in the north Highlander Way parking lot during the day. Please bring a wagon or hand truck to restock. ONLY THE ACTUAL FOOD BOOTH IS ALLOWED IN YOUR SPACE.
22. Vehicles may be driven into the dining area between 7:30 and 8 a.m. for restocking. Vehicles must be moved by 8 a.m.

AGREED TO BY _____ FOR (COMPANY NAME) _____

DATE _____ AMOUNT ENCLOSED _____ (See fee schedule on back)

FEES

The Michigan Challenge Committee will do its best to accommodate your space request in the food court. Located north of Howell High School Freshman Campus in the dining/entertainment area located east of Highlander Way Middle School. Vendors should include a check for one half the vendor fee with application. The balance must be received by the Howell Area Chamber of Commerce by April 30, 2025. Please make all checks payable to the Howell Area Chamber of Commerce.

Please check what features are needed by or apply to your concession and total at the right and below:

_____ A. 12 foot wide space; depth is no more than 16 feet commercial vendor space without electric service \$525	\$ _____
_____ B. Each additional frontage foot more than 12 feet (_____ extra feet @ \$50 per foot)	\$ _____
_____ C. 110 volt, 50 amp maximum electric service.....	\$100 \$ _____
_____ D. 220 volt, 50 amp maximum electric service.....	\$200 \$ _____
PREMIUM BOOTH SPACE ADDITIONAL (yellow).....	\$450/booth space \$ _____
PRIME BOOTH SPACE ADDITIONAL (pink).....	\$300/booth space \$ _____
Are you a member of the Howell Area Chamber of Commerce? (IF SO, DEDUCT \$75).....	(-\$75) \$ _____

BOOTH SPACE INDICATED ABOVE IS ALL THE SPACE YOU WILL RECEIVE. PLEASE RESERVE ENOUGH SPACE FOR SIDE TRAILERS LINES, TRAILER TONGUES, ETC.....

FEE TOTAL \$ _____

½ FEE ENCLOSED WITH THIS APPLICATION \$ _____

BALANCE DUE APRIL 30, 2025 \$ _____

SIZE OF CONCESSION

In order to properly locate your concession, please indicate proper width and depth of your concession. **IMPORTANT NOTICE: Your size includes any extended awnings and/or trailer tongue. Concessions are aligned next to each other so we cannot allow for any vairance beyond amount requested.**

DEPTH OF CONCESSION (in feet)

MAXIMUM IS 16 FEET

_____ FEET

Serving side of Concession in feet _____

Will you be bringing any umbrella tables to the event to set up near you? _____ If so, how many are you bringing _____

Please circle the Pepsi flavor packages you will use, I.e., bag in a box, tanks, pre-mix, or cans. Available flavors and prices will be listed on the order form sent with your confirmation.

HEALTH DEPARTMENT LICENSE PRE REGISTRATION IS AS FOLLOWS:

Upon receipt of your paid application, the committee will forward your name and address to the Livingston County Health Department. You are required to have a valid health department license in advance of setting up. PLEASE NOT: It is the responsibility of the vendor to be aware and comply with all health department rules.

APPLICATION CHECK LIST: Booth size indicated on both sides of this application _____ Serving side indicated _____

Electric requirements indicated _____ Picture enclosed _____ Insurance Certificate enclosed _____