



Plymouth Community Fall Festival 2014 APPLICATION Check List

- Pages 1, 2 and 4 with **ALL** blanks filled and questions answered.
- Signatures email addresses and phone numbers on page 3.
- Visit the Plymouth Fall Festival web site for all meeting dates and times.
http://www.plymouthfallfestival.com
- Include a copy of your by-laws or constitution and documentation of non-profit status, if your organization is a **new participant this year**.
- Check for PARTICIPATION / SPACE fee
Booths selling items = \$400 for first 10 x 10 space, \$200 for each additional space
Booths not selling items = \$200 for first 10 x 10 space, \$100 for each additional space
Fees for Gathering = contact Fall Festival Board
Make check payable to **PLYMOUTH COMMUNITY FALL FESTIVAL**
- Apply for the Wayne County Board of Health Temporary Food License, if you are selling food.
- Insurance certificate naming the **City of Plymouth and the Plymouth Community Fall Festival** as the additional insured, or a check for the insurance deposit. \$150.00
Please make your checks payable to: Plymouth Community Fall Festival.
- THREE (3) COPIES OF PAGES** 1, 2, 3 and 4 of the application, including all of the above listed items.
- NO CHANGES IN FOOD OR SALE ITEMS FROM PREVIOUS YEAR**, unless pre-approved by the Fall Festival Board of Directors.
- A Representative from your organization **MUST** attend all Fall Festival Membership Meetings

Official festival dates and hours are:

FRIDAY - SEPTEMBER 5, 2014 FROM NOON TO 11:00 PM
SATURDAY - SEPTEMBER 6, 2014 FROM NOON TO 11:00 PM
SUNDAY - SEPTEMBER 7, 2014 FROM NOON TO 6:00 PM

APPLICATION SHOULD BE HAND DELIVERED TO THE MAY BOARD MEETING
OR POSTMARKED 7 DAYS BEFORE MAY 13, 2014 TO:

Plymouth Community Fall Festival
ATT: Application Committee
P.O. BOX 6177
Plymouth, Michigan 48170-0177





Plymouth Community Fall Festival 2014 APPLICATION: PAGE 1

You MUST submit three (3) copies of pages 1, 2, 3 & 4

PLEASE DO NOT WRITE IN THIS SPACE

Date received _____ Participation & Space Fee \$ _____ Additional Space Fee \$ _____
Insurance Fee \$ _____ Or Proof of Insurance Cert. _____ TOTAL \$ _____

NAME OF ORGANIZATION: _____

Type of organization (Please CHECK ONE that best describes your group):

EDUCATIONAL **RELIGIOUS** **SERVICE** **OTHER** (Explain below):

Contact Person for Fall Festival activity: _____

Telephone : _____ **Email:** _____

Mailing address for any future correspondence:

Street: _____

City: _____ **State:** _____ **Zip:** _____

Type of function or concession at Festival : _____

List all items to be sold or distributed: _____

IF YOU DO NOT REQUIRE A BOOTH, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Type of alternative facility: _____

Dates and times of operation: _____

FACILITIES REQUIRED (additional spaces \$200.00 each)

Number of Spaces: _____ **Number of Tables:** _____ **Number of Chairs:** _____

Please list all electrical equipment you will be using so that we may avoid the overload problems of previous years. Only the electrical equipment listed will be allowed in your activity. Please list amperage draw, or wattage rating of each item. We do not allow microwave ovens, and we do not provide 220-volt power. Power will be limited to 20 amps for a single booth, 40 amps for a double booth. List All Equipment used include Watts or Amps:



Plymouth Community Fall Festival 2014 APPLICATION: PAGE 3

III. DURING THE FESTIVAL:

1. Each group must be in control of its area or activity at all times.
2. This includes receiving material or equipment, handling and distribution of its products, and any ticket sales, etc. The only exception to this would be the operation of special heavy moving equipment that may be needed. No motor vehicles will be driven in the Park during festival hours, unless approved by the Fall Festival Board.
3. Please display an attractive sign identifying your organization, products being sold, and prices of items in a prominent place.
4. The participant must keep its area or activity open and staffed during the official hours of the festival. The days and hours of this years festival are Friday, noon to 11:00 p.m.; Saturday, noon to 11:00 p.m.; Sunday, noon to 6:00 p.m. You may open as early as 10:00 a.m. each day of the festival but you must stay open until the official closing time.
5. All areas will be checked during the festival for cleanliness and compliance with festival requirements and Wayne County Board of Health regulations. **Failure to comply with these regulations could result in suspension of activities.**
6. At the close of the festival (Sunday 6:00 p.m.) **all tables must be cleaned and returned to Kellogg Park.**
7. The Fall Festival does not provide lights for the area and/or activities. You should provide your own lights and any extension cords needed.
8. Solicitations of funds by charitable organizations must conform to the State of Michigan Attorney General's office regulations.

IV. AFTER THE FESTIVAL:

1. **Sales tax is your responsibility.** Send your sales tax check and form directly to the State of Michigan. Due Three (3) business days after the festival event.

The Plymouth Community Fall Festival Board of Directors reserves the right to reject any application. The Plymouth Community Fall Festival will not be held responsible for any equipment, merchandise, goods, or personal property which is lost, stolen, or damaged.

We, the undersigned, have read, understand, and agree to the above listed conditions on pages 1, 2 and 3.

Signature (President of organization): _____

Date: _____ (Print Name): _____

Phone: _____ Email _____

Signature (Chairman of Festival Activity): _____

Date: _____ (Print Name): _____

Phone: _____ Email _____

Signature (Treasurer of organization): _____

Date: _____ (Print Name): _____

Phone: _____ Email _____



Plymouth Community Fall Festival 2014 Press Release: Page 4

In order to have your activity publicized in the newspapers, web site and festival guide you **must** complete this form and return it with your Fall Festival Application.

PLEASE TYPE OR HAND PRINT CLEARLY:

NAME OF ORGANIZATION

ADDRESS

CONTACT PERSON

PHONE#

Include a photo of your booth or group!!

EXPLAIN YOUR BOOTH ACTIVITIES IN DETAIL

ARE YOU SELLING PRODUCT? IF SO, WHAT ITEMS AND AT WHAT PRICE,
ARE YOU PROVIDING INFORMATION, ETC.

PROVIDE ANY INFORMATION ABOUT YOUR ORGANIZATION THAT YOU WISH TO PUBLICIZE

YOU MAY ATTACH A SEPARATE SHEET OF PAPER TO THIS FORM IF MORE THAN 6 LINES ARE NEEDED TO EXPLAIN.
