

Department of
Leisure Services
816 N Main
Fitzgerald, Ga
31750

FITZGERALD - BEN HILL COUNTY

Phone:
(229) 426-5050
Fax:
(229) 426-5059

VENDOR APPLICATION

DATE: _____ **TIME:** _____

Location: _____

FEE

FOOD & BEVERAGE:

\$10.00

RULES

1. Vendor is solely responsible for collecting, reporting, and paying any required Georgia sales tax.
2. Check/payment must accompany application form, made payable to **City of Fitzgerald**.
3. Vendors are required to furnish their own chairs, tables, awnings, umbrellas, extension cords, power, etc.
4. Power will not be provided.
5. Any generator must not produce noise and exhaust pollution.
6. Each vendor will be responsible for his/her own trash and cleanup.
7. NO REFUNDS will be made for any reason, cancellation, removal for cause, or act of God.
8. No obscene items shall be allowed.
9. The Department of Leisure Services reserves the right to decline applications.
10. There is no rain date.

VENDOR INFORMATION

Vendor/Business Name: _____ **Address:** _____ **City** _____ **State** _____ **Zip** _____

Contact Person: _____ **Phone Number:** _____ - _____ - _____

Fax: _____ **Email:** _____

**Select
space**

Food & Beverage

TOTAL DUE:

type:

\$10.00

**LIST OF ITEMS TO BE SOLD,
DISPLAYED, OR GIVEN OUT:** _____

AGREEMENT: I do hereby agree to comply with the terms and conditions of this Vendor Agreement and with all applicable laws. I further agree to release and forever discharge from any liability the Fitzgerald-Ben Hill Department of Leisure Services, City of Fitzgerald, Ben Hill County, the event organizers, officers, agents and employees.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Copy of License – produced at time of application.

Business License (current) _____

Food Permit signed by Health Inspector _____

DATE RECEIVED: _____

ACCEPTED / REJECTED

Staff

Signature: _____