



Salamanca Area Chamber of Commerce
33rd Annual Falling Leaves Festival

FOOD VENDOR APPLICATION

Please print clearly and note that incomplete applications will be returned.

Last Name: _____ First Name: _____

Group Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail: _____ How many in your group: _____

Menu Items: _____

Concession sites are \$175 for the two day event. Area sizes are 20' x 20'.

Type of electric required: _____ Please circle one: **Single Space** **Double Space**

I acknowledge that I have read the application and agree to abide by the enclosed rules and regulations governed by the Salamanca Area Chamber of Commerce (SACC). I understand that if I have misrepresented my merchandise or violate any rules and regulations, SACC reserves all rights of cancellation and disqualification without refund. I release the SACC from all responsibility for installing, protecting, selling, storing and removing my exhibit and merchandise. The SACC is not responsible for any items, property loss or damage.

Signature: _____ Date: _____

Please make check payable and mail to:

Salamanca Area Chamber of Commerce
26 Main Street
Salamanca, New York 14779



If you have any questions or need more information, please contact Jenny Ingrao, Events Manager, at 716-945-2034 or jenny@salamancachamber.org.