



Salamanca Area Chamber of Commerce

*31st Annual Falling Leaves Festival
& Cattaraugus County Bicentennial Celebration
September 26th, 27th & 28th
Jefferson Park & Adjacent locations*

Food Concession Application

Incomplete Applications will be returned, please print clearly.

LAST NAME: _____

FIRST NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK/CELL:** _____

NEW YORK STATE TAX#: _____

TYPE/SIZE OF STAND: TRAILER: _____ **SET UP:** _____

Sites are \$160.00 for three days, no discount on double spaces. Lot sizes are 20' x 20'.

TYPE OF ELECTRIC REQUIRED: _____

MENU ITEMS: _____

I acknowledge that I have read the application and understand and agree to abide by the rules and regulations governed by the Salamanca Area Chamber of Commerce, Inc. I acknowledge that if I have misrepresented my merchandise or violate regulations, The Salamanca Chamber of Commerce reserves all rights of cancellation and disqualification without refund. I release the Salamanca Area Chamber of Commerce from all responsibility for installing, protection, selling, storing and removing my exhibit and merchandise. The Salamanca Area Chamber of Commerce is not responsible for any items, property loss or damage. I also understand that The Salamanca Area Chamber of Commerce does not supply additional security other than our normal Police Department. I acknowledge that I must obtain a food permit from the Department of Health that authorizes me to sell food items, and I agree to post it conspicuously.

Signature: _____ **Date:** _____

**Please make check payable to: Salamanca Area Chamber of Commerce
26 Main Street, Salamanca NY 14779**

For information, please call: 716 945-2034