



Taste of Glen Ellyn Food Vendor Application May 17 - 20, 2018



Application Deadline: Monday, April 16, 2018

Business Name _____
Contact Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Email Address _____ Website _____
On-site contact _____ Cell Phone _____

Event Fees

(see rules and regulations for details)

Food Vendor Booth

Chamber Member (\$1,100) \$ _____

Non Chamber Member (\$1,550) \$ _____

Electricity

Extra 20 amps (\$125) \$ _____

Total Due \$ _____

Payment Method

(Payable to: Glen Ellyn Chamber of Commerce)

Credit Card Check

Please Invoice

Credit Card # _____

Check # _____

Expiration Date _____ CSC _____

Billing Address _____

City _____ State _____ Zip _____

Full payment must be received with you application to be considered

Insurance

A certificate of insurance must be provided naming, the Village of Glen Ellyn and Glen Ellyn Chamber of Commerce as additionally insured. Insurance certificate **deadline** for all participates is Monday, April 16, 2018. ([See rules and regulations for details](#)).

Applications:

Mailed to:
Glen Ellyn Chamber of Commerce
Cc: Taste of Glen Ellyn
810 N. Main Street
Glen Ellyn, IL 60137

Emailed to:
Subject: Taste of Glen Ellyn
tasteofglenellyn@glenellynchamber.com

Faxed to:
Attention: Taste of Glen Ellyn
(630) 469-0426



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Food Items and Beverages

List up to 4 food and beverage items with pricing you plan to serve (subject to committee approval). We will do our best to limit any one items to no more than two vendors.

Food/Beverage	Price
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

The Glen Ellyn Chamber reserves the right for final vendor & menu selection. Participant shall not be permitted to add or change items without the written permission of Taste of Glen Ellyn Food Vendor Chairperson. Failure to provide said list or price range in a timely manner, or violation thereof at any time thereafter, shall be grounds, at Chairperson's sole discretion, for barring said item, items or participant from the event.

By signing and submitting this application the applicant has read and agrees to all rules and regulation in the following pages of this application and agrees to all payments above being processed.

Signature: _____ Date: _____

Print Name: _____

For more information please contact the Glen Ellyn Chamber at (630) 469-0907 or send an email to tasteofglenellyn@glenellynchamber.com.

For Office Use Only

- Application Received _____ / _____ / _____
- Approved Denied
- Payment Received _____ / _____ / _____
- Health Insurance Certificate Received _____ / _____ / _____
- Menu Items Received _____ / _____ / _____