



FOOD VENDOR APPLICATION

DETAILS

The Arts Consortium presents Taste the Arts, a festival of art, music and culture held in Downtown Visalia. Your business has the opportunity to sell food on Saturday October 14th, 2023 between 10:00 a.m. and 5:00 p.m AND WE ARE ASKING FOR 2 VENDORS TO SELL BETWEEN 5PM and 10PM. More than 100 visual and performing artists will also be present during the event. We anticipate approximately 6,000 attendees.

DONATION

The suggested donation to register as a food vendor for Taste The Arts is \$50. We will reserve a space for you to accommodate your food truck. Registration closes August 31st, 2023.

MEAL TICKETS

We would like to offer festival volunteers meal tickets to present to a food vendor in exchange for lunch. At the end of the festival, Arts Consortium will count single tickets and will reimburse food vendors \$1 per meal ticket. Please indicate if you would like to participate in the meal ticket program. _____YES _____NO

Please circle one:

I would rather be placed at: Garden Street Plaza or Center Avenue or Among the Art Vendors

PERMIT

Vendors are responsible for obtaining all required permits, licenses, and county required hot water sink. Submit County Permit packet to: hello@artsconsortium.org or mail to: the Arts Consortium at P.O. Box 2696, Visalia, CA 93279. You can also drop off at the Arts Consortium, 808 N. Court St., Visalia, CA 93291. Our business hours are Tuesday - Friday from 10:00 a.m. - 3:00 p.m. Attached are the Tulare County permit and booth requirements.

INSURANCE: The Arts Consortium is required to ensure that all vendors are properly insured. Vendors must provide a liability certificate naming the Arts Consortium, P.O. Box 2696, Visalia, CA 93279 and the City of Visalia, 707 W. Acequia Ave, Visalia, CA 93291. For more information on insurance, please go to: <https://artsconsortium.org/city-of-visalia-special-event-insurance/>

VENDOR NAME: _____

MENU ITEMS: _____ PRICE RANGE: _____

CONTACT NAME: _____

PHONE: _____ TEXT #: _____

ADDRESS: _____

EMAIL: _____

Upon acceptance, we will contact you with your set up time and location. Vendors must arrive at agreed upon time and stay until the event ends.

LIABILITY

I, _____ (please print) agree to abide by all terms stated in the entry form. I agree to hold harmless the Arts Consortium, their agent, employees, representatives, sponsors, and the City of Visalia for any damage or injury resulting from my participation in this event.

Signature: _____ Date: _____



www.ArtsConsortium.org
PO Box 2696. Visalia, CA 93279 * 559-772-0001

Internal Use Only

___Application ___Donation _____Set Up Time _____Location _____County Permits _____Power ___Sink