

Want people to come to your booth? Cook 7-10 gallons of Chili and give out samples

**Business & Marketing Booth Vendors
Application & Agreement**

CONTACT INFO	
Company Name: _____	
Contact (s) Name(s): _____	
Address: _____	
Email: _____	Website: _____
Phone: _____	Cell: _____
NO VENDOR IS ALLOWED TO SELL, WATER, SOFT DRINKS, OR BEVRAGES OF ANY KIND.	
WILL YOU BE COOKING OR BRINGING CHILI?? (Circle one) YES or NO A minimum of 7 gallons (10 gallons is recommended) of chili and/or Brunswick stew.	
Have You Been a Vendor at this Event in the Past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Auto___ Cable/Satellite___ Cell___ Cooking___ College/University___ Entertainment___ Food & Beverage___ Financial___ Healthcare Services___ Health & Beauty___ Home___ Legal___ Media (Newspaper/Magazine)___ Outdoors___ Pets___ Real Estate___ Recreation___ Retail Store___ Transportation___ Travel___ Utility___ Other	
Description _____	
PRODUCTION & MARKETING SERVICES PROVIDED	
Logo or Text Link on Website	Event Print & Marketing
<input type="checkbox"/> Yes 10 X 10 Booth - \$350.00 <input type="checkbox"/> Yes 10X10 Booth w/ Chili/Brunswick Stew \$250.00	<input type="checkbox"/> Yes 10 X 20 Booth - \$700.00 <input type="checkbox"/> Yes 10X20 Booth w/ Chili/Brunswick Stew \$500.00
Need Electricity? (\$50.00 Per Outlet) <input type="checkbox"/> Yes <input type="checkbox"/> No ___How many	Need a 10 x 10 tent? (\$150.00 Rental Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No
Need 8' Table? (\$20.00 Rental Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No ___How many	Please Total All Fees & Services Here \$ _____ . 00
PAYMENT & INFORMATION	
Complete Application & Agreement to secure your space. ALL Fees must be received by September 15th, 2018 . Booth fees are nonrefundable. Please submit app and payment by: FAX: 888.340.3484 OR EMAIL: Info@AtlantaChiliCookOff.com MAIL: Make payable to Armus Media Group, LLC , 2870 Peachtree RD., Suite 475, Atlanta, GA 30305 Credit Card Authorization: ___ VISA ___ MasterCard ___ Discover ___ AMEX Card #: _____ Exp. Date: ___ / ___ 3 or 4 Digit Code: _____ Name on Card: _____ Signature _____ ZIP: _____	
AGREEMENT ACCEPTANCE	
TERMS & CONDITIONS: The EXHIBITOR/CONCESSIONAIRE shall indemnify and hold harmless Armus Media Group, LLC. and the City of Brookhaven, Brookhaven Storage, its agents, employees, volunteers from and against all claims, damages, losses, expenses, including but not limited to attorney's fees, arising out of or resulting from (i) the conduct or management of the Premises or of any business therein, (ii) any act, omission, or negligence of the EXHIBITOR/CONCESSIONAIRE or the partners, directors, officers, agents, employees, invitees or contractors of the EXHIBITOR/CONCESSIONAIRE (iii) any accident, injury or damage whatsoever occurring in or at the Premises. EXHIBITOR/CONCESSIONAIRE hereby expressly indemnifies Armus Media Group LLC, and The City of Brookhaven, for the consequences of any negligent act or omission of Armus Media Group, LLC, and the City of Brookhaven, its agents, employees, and volunteers, unless such act or omission constitutes gross negligence or intentional misconduct.	

Signature: _____

Date: _____