



\*\*For Office Use Only\*\*

App Approved     Insurance Form

P.O. Box 3052  
Gulfport, MS 39505-3052  
[harrisoncountyfairms.org](http://harrisoncountyfairms.org)

# FOOD VENDOR APPLICATION

Company Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

- 110/20A power included
- \$40.00 per front foot with a minimum of \$250.00
- Charges will apply for additional power/water need
- Copy of current Certificate of Liability Insurance with Harrison County Fair Association and Harrison County Board of Supervisors as additionally issued
  
- *Food menus and pictures of booth/tent setup must be attached.*
- *NO OPEN FLAMES in pavilion.*
- *Vendors are responsible for Health Department fees.*
- *110/20A power is included. Additional fee for additional amperage.*
- *All vendors will need to supply their own extension cords and water hoses.*
- *No drinks (alcoholic or non-alcoholic) may be sold by any vendor, unless under special contract with Harrison County Fair Association.*
- *Vendors hereby execute and agree to the terms of this contract and rules/regulations set forth by the Harrison County Fair Association.*

**Payment Method:**     **Cash**             **Check #** \_\_\_\_\_

\* Make checks payable to: Harrison County Fair Association

I HAVE READ AND UNDERSTAND ALL OF THE VENDOR RULES AND REGULATIONS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send completed form and payment to:  
Harrison County Fair Association, P.O. Box 3052, Gulfport, MS 39505  
Please contact Cindy Simmons at [hcfvendors@gmail.com](mailto:hcfvendors@gmail.com) with questions & concerns.