



Plymouth Community Fall Festival 2009 APPLICATION Check List

- Pages 1,2 and 5 with **ALL** blanks filled and questions answered.
- Signatures and phone numbers on page 3.
- Visit the Plymouth Fall Festival web site for all meeting dates and times.
http://www.plymouthfallfestival.com
- Include a copy of your by-laws or constitution, if your organization is a **new participant this year**.
- Check for PARTICIPATION / SPACE fee (\$ 400.00 for your initial space required).
Each additional space (\$ 200.00). Please make your checks payable to:
PLYMOUTH COMMUNITY FALL FESTIVAL
- Apply for the Wayne County Board of Health Temporary Food License, if you are selling food.
- Insurance certificate naming the **City of Plymouth and the Plymouth Community Fall Festival**
as the additional insured, or a check for the insurance deposit. \$150.00
Please make your checks payable to: Plymouth Community Fall Festival.
- THREE (3) COPIES OF PAGES** 1, 2, 3 and 5 of the application, including all of the above listed items.
- NO CHANGES IN FOOD OR SALE ITEMS FROM PREVIOUS YEAR**, unless pre-approved by the Fall Festival Board of Directors.
- A Representative from your organization **MUST** attend all Fall Festival Membership Meetings

COMMENTS

Please let us know what you think. If you have any comments good or bad tell us what they are, voice them at the monthly meetings which are held 4 times per year at 7:30 PM in the Plymouth City Hall (up-stairs) or the Library. Dates are posted on the web-site. **Check the web site for any scheduling changes. Http://www.plymouthfallfestival.net**

APPLICATION SHOULD BE HAND DELIVERED TO THE MAY BOARD MEETING
ON OR MAILED 7 DAYS BEFORE MAY 12, 2009 TO:

Plymouth Community Fall Festival
ATT: Application Committee
P.O. BOX 6177
Plymouth, Michigan, 48170-0343



Plymouth Community Fall Festival 2009 APPLICATION: PAGE 1

You MUST submit three (3) copies of pages 1, 2, 3 & 5

PLEASE DO NOT WRITE IN THIS SPACE

Date received _____ Participation & Space Fee \$ _____ Additional Space Fee \$ _____
Insurance Fee \$ _____ Or Proof of Insurance Cert. _____ TOTAL \$ _____

NAME OF ORGANIZATION: _____

Type of organization (Please CHECK ONE that best describes your group):

EDUCATIONAL **RELIGIOUS** **SERVICE** **OTHER** (Explain below):

Contact Person for Fall Festival activity: _____

Telephone : _____ **Email:** _____

Mailing address for all future correspondence:

Street: _____

City: _____ **State:** _____ **Zip:** _____

Type of function or concession at Festival : _____

List all items to be sold or distributed: _____

IF YOU DO NOT REQUIRE A BOOTH, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Type of alternative facility: _____

Dates and times of operation: _____

FACILITIES REQUIRED (additional spaces \$200.00 each)

Number of Spaces: _____ **Number of Tables:** _____ **Number of Chairs:** _____

Please list all electrical equipment you will be using so that we may avoid the overload problems of previous years. Only the electrical equipment listed will be allowed in your activity. Please list amperage draw, or wattage rating of each item. We do not allow microwave ovens, and we do not provide 220-volt power. Power will be limited to 20 amps for a single booth, 40 amps for a double booth. List All Equipment used include Watts or Amps:



Plymouth Community Fall Festival 2009 APPLICATION: PAGE 2

I. The following question must be answered or your application will not be considered for approval. Please circle the correct answer.

1. Are your principal offices OR services performed within the Plymouth Community?

Yes

No

2. Do your members principally reside or have their place of employment in the Plymouth Community?

Yes

No

3. Are your activities of a non-profit or charitable nature?

Yes

No

II. The requirements listed below must be met by all organizations taking part in the festival. By submitting your application you have indicated that you will abide by these and all other requirements as stated in this application or in the by-laws of the Plymouth Community Fall Festival Board.

1. The participation - space fee is \$400.00 (For timely applications). This will include a space 10'X 12'. Each additional 10' X 12' space will also cost \$200.00.

2. Completed applications with proof of insurance and all fees and information must be RECEIVED May 12, 2009. INCOMPLETE or non-approved applications must be presented in person to the Fall Festival Applications Chair, and are subject to a \$150.00 LATE FEE and loss of sale item rights.

3. Proof of insurance is required and must name the City of Plymouth and The Plymouth Community Fall Festival as the additional insured.

If you do not submit proof of insurance with your application, you must include and additional \$150.00 payment. This payment is for your group to be included in the Fall Festival insurance policy.

4. Each group is responsible for filing their required concessionaire's sales tax return and payment. DO NOT SUBMIT THIS TO THE FALL FESTIVAL. WE WILL NOT BE RESPONSIBLE FOR LATE FILING.

5. Each participating group is responsible for obtaining the required Wayne County Board of Health certificate. This certificate is mandatory if operation a food concession.

Do not submit any fees or health dept. applications to the Fall Festival. You are responsible to obtain your certificate.



Plymouth Community Fall Festival 2009 APPLICATION: PAGE 3

III. DURING THE FESTIVAL:

1. Each group must be in control of its area or activity at all times.
2. This includes receiving material or equipment, handling and distribution of its products, and any ticket sales, etc. The only exception to this would be the operation of special heavy moving equipment that may be needed. No motor vehicles will be driven in the Park during festival hours, unless approved by the Fall Festival Board.
3. Please display an attractive sign identifying your organization, products being sold, and prices of items in a prominent place.
4. The participant must keep its area or activity open and staffed during the official hours of the festival. The days and hours of this years festival are Friday, noon to 11:00 p.m.; Saturday, noon to 11:00 p.m.; Sunday, noon to 6:00 p.m. You may open as early as 10:00 a.m. each day of the festival but you must close at the official closing time.
5. All areas will be checked during the festival for cleanliness and compliance with festival requirements and Wayne County Board of Health regulations. **Failure to comply with these regulations could result in suspension of activities.**
6. At the close of the festival (Sunday 6:00 p.m.) **all tables must be cleaned and returned to Kellogg Park.**
7. The Fall Festival does not provide lights for the area and/or activities. You should provide your own lights and any extension cords needed.
8. Solicitations of funds by charitable organizations must conform to the State of Michigan Attorney General's office regulations.

IV. AFTER THE FESTIVAL:

1. **Sales tax is your responsibility.** Send your sales tax check and form directly to the State of Michigan. Due Three (3) business days after the festival event.

The Plymouth Community Fall Festival Board of Directors reserves the right to reject any application. The Plymouth Community Fall Festival will not be held responsible for any equipment, merchandise, goods, or personal property which is lost, stolen, or damaged.

We, the undersigned, have read, understand, and agree to the above listed conditions.

Signature (President of organization): _____

Date: _____ (Print Name): _____

Phone: _____ Email _____

Signature (Chairman of Festival Activity): _____

Date: _____ (Print Name): _____

Phone: _____ Email _____

Signature (Treasurer of organization): _____

Date: _____ (Print Name): _____

Phone: _____ Email _____



Plymouth Community Fall Festival 2009 APPLICATION: PAGE 4

The Plymouth Community Fall Festival Board of Directors is pleased to consider your application to participate in the 2009 Fall Festival.

Official festival dates and hours are:

FRIDAY - SEPTEMBER 11, 2009 FROM NOON TO 11:00 PM

SATURDAY - SEPTEMBER 12, 2009 FROM NOON TO 11:00 PM

SUNDAY - SEPTEMBER 13, 2009 FROM NOON TO 6:00 PM

We request that your booth be open during the **official hours** of the festival. You may open your activity earlier each day of the festival, **but you must close at the official closing time**. Any deviations from these times must be approved by the Fall Festival Board

EACH GROUP IS ALSO RESPONSIBLE FOR FILING THEIR REQUESTED CONCESSIONAIRE'S SALES TAX RETURN AND PAYMENT. **DO NOT SUBMIT THIS TO US. WE WILL NOT BE RESPONSIBLE FOR LATE FILING.**

YOUR APPLICATION MUST BE RECEIVED NO LATER THAN: **MAY 12, 2009** or a late fee will apply.

If your application is not approved or incomplete you must present the application in person to the Applications Chair. (SEE WEBSITE FOR CONTACT INFO),

You do not have to list the price of the items in your application, but you must **list every item** that will be sold or given away from your booth. The price for 12 ounce cans of pop will be decided on by a majority vote by the membership.

List amperage draw or wattage rating of each electrical appliance used in your booth. Single booths will be allowed 20 amps, double booths 40 amps.

As stated in Article 111, section 4 of the revised by-laws, "The board of directors shall review all applications timely filed. Member organizations in GOOD STANDING shall have the first option on fund raising activities and items sold during the previous festival."

Applications and/or Questions should be mailed to:

**PLYMOUTH FALL FESTIVAL
Att: Application Committee
P.O. Box 6177
Plymouth, Michigan 48170-0943**



Plymouth Community Fall Festival 2009 Press Release: Page 5

In order to have your activity publicized in the newspapers, web site and festival guide you **must** complete this form and return it with your Fall Festival Application.

PLEASE TYPE OR HAND PRINT CLEARLY:

NAME OF ORGANIZATION

ADDRESS

CONTACT PERSON

PHONE#

Include a photo of your booth or group!!

EXPLAIN YOUR BOOTH ACTIVITIES IN DETAIL

ARE YOU SELLING PRODUCT? IF SO, WHAT ITEMS AND AT WHAT PRICE,
ARE YOU PROVIDING INFORMATION, ETC.

PROVIDE ANY INFORMATION ABOUT YOUR ORGANIZATION THAT YOU WISH TO PUBLICIZE

YOU MAY ATTACH A SEPARATE SHEET OF PAPER TO THIS FORM IF MORE THAN 6 LINES ARE NEEDED TO EXPLAIN.
