

2024 West End World of Food Festival
Craft & Exhibitor Vendor Application

Section I: Festival Information & Contact Form
Pages 2-5

Section II: Vendor Liability Agreement
Page 6

Section III: City of Allentown Registration Forms
Pages 7-11

Any questions, please contact Liz Martin
WestEndWOff@gmail.com
484-553-6834

West End World of Food Festival

Saturday, September 21, 2024 from 12 noon – 10pm

Craft Vendor Requirements

Festival & Booth Information

The West End Alliance (WEA) is proud to present **West End World of Food Festival** (the Festival) with great food and drink, amazing music and activities for the entire family. The Festival is FREE and open to the public. **If you would like to participate, please complete this form.**

The West End World of Food Committee will review all applications and select applicable vendors. Please note: space is limited. Applications should be submitted to Liz Martin at WestEndWOFF@gmail.com
Payment is required once approval is granted.

The application deadline is Wednesday, July 10th. Vendors will not be accepted after this deadline. Please note, submitting an application does not guarantee your participation at The Festival.

The event takes place outdoors and is a Rain or Shine event. **WEA does not guarantee your financial success at this event and vendor fees are non-refundable for any reason.** All proceeds from vendor's sales belong to the vendor and WEA does not take a percentage of your sales.

PLEASE READ THESE CAREFULLY:

- **Business Liability Insurance is required; please include written proof with this application.** Please sign and return the Liability Agreement included with this application. Vendors who do not complete the Liability Agreement will not be permitted to operate at WOFF.
- **Each vendor is provided with one (1) 10x10 space;** additional space is available for an additional fee. Vendor provides their own set up, including tent (with weights), tables, chairs, etc. If you do not have tables of your own, WEA can provide tables for an additional fee. **Tables must be ordered in advance of the event.**
- **Vendor booth placement** is at the discretion of the WEA staff and event committee. Vendors will be informed of their location, expected set-up times, and clean-up procedures 1.5 weeks prior to the event.
- In order for visitors to experience a variety of craft options, duplicate items will not be accepted, and priority will be given to returning vendors at the discretion of the Committee.
- **Electric:** **While we recommend that you bring your own power supply,** we will have a nominal amount of generators onsite; **electricity can be available for an additional fee.** If you will be bringing your own generator, it should be a generator that produces a noise level between 50-59 db or less. If it is any louder, noise suppression is required. You will need the necessary electrical cords and covers to prevent a tripping hazard. Vendors are required to bring their own extension cords and any other necessary items to operate equipment.
- **Parking:** Vendors will be sent instructions on all parking options prior to the event. Vehicles will NOT be allowed inside the festival grounds until after event ends and permission from festival staff is given.
- **Photos:** Vendors agree to allow WEA event photographers to photograph and video your booth and product during the event. Photos may be used in future promotional materials.
- On the day of the event, vendors must be set up **no later than 10:00 a.m.** All vehicles MUST be removed from the festival grounds no later than 10:30 a.m. Please plan to arrive and set up on time.
- **Day-of Contact Information:** On the day of the event, please contact Liz Martin at 484.553.6834

Payment Information:

- Checks (*other than those required for the City*) can be made payable to the **West End Alliance, Inc.** and mailed to P.O. Box 173 Allentown, PA 18105
- **Payment is due within one week of your acceptance or your space will not be guaranteed.**

Craft Vendors Responsibilities & Requirements:

- Vendors are responsible for their entire booth set-up. It is very important for all vendors to be set up on time. Being late could impact participation. **Please set up between 8 a.m. and 10:00 a.m.**
- **Vendors are responsible for tear-down and cleaning up their entire area at the end of the event. Failure to follow the cleanup protocol will risk your business involvement in future events.** This includes removal of all trash from your designated area at the end of the festival. Trash and recycling dumpsters will be provided. *Please do not place your garbage in the small containers meant for guest use.*
- **Each vendor is provided one (1) 10'x10' space;** additional space is available for an additional fee. All items, equipment and materials **MUST** fit inside purchased vendor space. No items will be allowed to be placed outside of the approved area. Sidewalks, walkways, and throughways must remain clear of items for safety purposes.
- **Vendors are responsible for their own signage,** including banners, labels, and marketing materials (such as menus, flyers, cards, etc.)
- Amplified sound is not permitted in your booth space.
- **Vendors must weight their tents.**
- **No alcohol sales permitted**
- **Vendors are expected to remain at the event until it ends at 10p.m.** Vehicles will not be permitted to drive on the streets during event hours. Vendors will need to transport items to their vehicles. Mobile vendors will require a police escort and must make arrangements with festival staff in advance for safe departure.
- **IF THERE IS AN EMERGENCY, YOU MUST NOTIFY WEA STAFF TO ASSIST.**

Please note: Under Homeland Security regulations, the City of Allentown uses what are called 'Jersey Barricades' which are large plastic containers filled with water as a protective measure for large scale events within the City of Allentown. **These barricades are placed in the street to prevent vehicular traffic within the festival boundaries.** Therefore, all vendors must arrive on time as these barricades are not moveable once placed! Additional details will be sent out before the event, but **please plan to arrive no later than 9 a.m. on the day of the event and be 100% set up by 10 a.m.**

I have read the above information and agree to all requirements to be a Craft Vendor at the 2024 World of Food Festival

Signature _____
Date _____

Print Name _____
Mobile Number () _____

Vendor Name _____

Contact Information

Business Name	
Main Contact	
Email Address	
(Billing) Street Address	
City, State, Zip	
Website	
Cell Phone (required)	
Description of Business, Items for Sale & Price Point	
Returning Vendor (Y/N)	

Calculating Your Cost

Base Fee (includes one 10x10 space)	Fee	Your Cost
Regular Fee: applications received before July 10th	\$140	
Late Registrant Fee: applications received after July 10th	\$175	
Corporate, Business or Direct Sales Companies, etc.	\$600	
Other Fees		
Additional Space at \$36 for every 5 feet of space	_____ feet	
8 foot tables at \$18 each	_____ x \$18	
Electric (only 15 amps available per vendor)	\$100 (each)	

Payment due upon acceptance, **ONLY** if selected by committee.

Total: \$ _____

Failure to pay within one week of acceptance will cause the forfeiture of your spot.

Other Costs:

- **\$35** to the City of Allentown Bureau of Revenue & Audit for the **Business Registration Questionnaire**.
 - **ONLY** if you are not a licensed business in the City of Allentown.
- *Form is attached in this application. Please **do not submit payment** to the City until you have been approved by the BBB Committee.*

I agree to pay the above cost to be a vendor at the World of Food Festival on September 21st, 2024 once accepted. Payment required in full upon acceptance.

Signature _____

Date _____

Vendor Liability Agreement:

Vendor, as defined below, requests to participate as a vendor or associate in the **2024 World of Food Festival** in Allentown, PA (the "Event"). Vendor agrees to accept all liability and responsibility for any personal injury, property damage, loss, theft or any other harm suffered by myself or others arising from or otherwise incident to my participation in the Event.

_____ (the "Vendor") on behalf of its heirs, executors, assignees, and/or successors in interest, and on behalf of any employees, contractors, directors, subsidiaries, affiliates or invitees (the "Vendor") hereby agrees to indemnify, hold harmless and release The West End Alliance, the City of Allentown, and its officials, directors, employees, agents, volunteers, sponsors, affiliates and subsidiaries from and against all suits, claims, demands and losses including costs, expenses and attorney's fees incurred as a result of any act or omission, negligence or misconduct of the Vendor during the Event or otherwise arising out of this Agreement.

- If you have liability insurance check here (____)
- If so, provide certificate of insurance naming the West End Alliance and the City of Allentown as additionally insured.
- What is the amount of your liability insurance? _____
- Vendor hereby agrees that it shall maintain liability insurance in the amount and type set forth above throughout the term of this Agreement and during the Event.
- What is the type of liability insurance? _____

By signing this Agreement, the Vendor/Participant hereby requests the West End Alliance and City of Allentown to reserve vendor space at the 2024 World of Food Festival and affirms it has read, understands and agrees to all terms and provisions of this Agreement.

Signed: _____

Date: _____

Print Name: _____



City of Allentown Registration Forms

The following documents must be filled out and **returned to City Hall** or an electronic application may be completed at the link provided.

- https://energov.allentownpa.gov/EnerGov_Prod/SelfService#/home

Any questions regarding these applications should be directed to Martha Wittong.

- +1 (610) 437-7760 x2822
- Martha.Wittong@allentownpa.gov

**CITY OF ALLENTOWN
IN-CITY BUSINESS APPLICATION**

GENERAL INSTRUCTIONS: Complete all sections of the Business License application, answering all questions in full. All applicants must complete Signature Section C. Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

Section A: This section must be completed for an Incorporated business or by persons who are Self-Employed and by **each Partner** of an unincorporated business. Additional copies of this form are available upon request and on-line at:
www.allentownpa.gov

Business Name		Federal EIN Number	
Legal Name (if different than Business Name)		Business Web Address	
Sole Proprietor or Partner Name		Social Security Number	
Physical Business Address (Do not use PO Box)		Allentown PA	Zip
		Business Phone	
Mailing Address for ALL Business related forms	Contact Person	E-Mail Address	
	Street or PO Box	City	State Zip
Indicate Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other*:	Business Classification: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Rental Nature of Business: (detailed description)		

LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS

Name & Title	Home Address (No PO Box)	Social Security No.	Home Phone

City or Township/School District where you reside? _____ Date Business Started in City of Allentown _____

Date Business Incorporated _____ State of Incorporation _____ Do you, or will you, have amusement devices?
 NO YES, # of Devices _____

Number of Employees (if Sole Proprietor do not count yourself in this number) _____

LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS

Business Name	Account No (QW, MW, EW, SP, RE)

Section B: This section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

Tax Preparer Information	Name:	Telephone No.	
	Address:		
	City	State	Zip+4
Principal Bank Information	Name:	Telephone No.	
	Address:		
	City	State	Zip+4

Section C: I hereby certify that the above information and statements are true and correct. I understand that Approval for the above business is contingent upon my compliance with the following departments: Revenue & Audit Bureau, Zoning, Recycling, Fire and Health (where necessary).

Signature	Title:	Date
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*Non-Profit Organizations: The City requires a copy of your 501C (IRS non-profit letter)

EDEN Customer #

Business Account #

CITY OF ALLENTOWN
 IN-CITY BUSINESS APPLICATION (SIDE 2)
 - CITY OF ALLENTOWN USE ONLY -

ZONING APPROVAL & RESTRICTIONS (if any):

Date Approved

RECYCLING APPROVAL & RESTRICTIONS (if any):

Date Approved

FIRE APPROVAL & RESTRICTIONS (if any):

Date Approved

HEALTH APPROVAL & RESTRICTIONS (if any):

Date Approved

- REVENUE & AUDIT USE ONLY -

- BUSINESS APPLICATION INFORMATION -

Business Account No.		Business Privilege Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ref. or Partner Acct. No.
Real Estate Account No.		Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Commercial EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amusement Tax Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	S.I.C. code
Commercial LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Amusement Devices	<input type="checkbox"/> <input type="checkbox"/>	New For: Qtr. Yr.
Self-Employed EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recycling Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	City Start Date:
Self-Employed LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trash Hauler's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work PSD Code
Processed By:		Reference Only Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live PSD Code
Process Date:		Incorporated Date:		Incorporated State:

**CITY OF ALLENTOWN
OUT-OF-CITY BUSINESS APPLICATION**

GENERAL INSTRUCTIONS: Complete all sections of the Business License application, answering all questions in full. All applicants must complete Signature Section C. Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

Section A: This section must be completed for an Incorporated business or by persons who are Self-Employed and by **each Partner** of an unincorporated business. Additional copies of this form are available upon request and on-line at: www.allentownpa.gov

Business Name		Federal EIN Number	
Legal Name (if different than Business Name)		Business Web Address	
Sole Proprietor or Partner Name		Social Security Number	
Physical Business Address (Do not use PO Box)		Zip	Business Phone
Mailing Address for ALL Business related forms	Contact Person	E-Mail Address	
	Street or PO Box	City	State Zip
Indicate Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other*:	Business Classification: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Rental Nature of Business: (detailed description)		

LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS

Name & Title	Home Address (No PO Box)	Social Security No.	Home Phone
City or Township/School District where you reside?		Date Business Started in City of Allentown	
Date Business Incorporated	State of Incorporation	Do you, or will you, have amusement devices? <input type="checkbox"/> NO <input type="checkbox"/> YES, # of Devices _____	
Number of Employees (if Sole Proprietor do not count yourself in this number)			

LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS

Business Name	Account No (QW, MW, EW, SP, RE)

Section B: This section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

Tax Preparer Information	Name:	Telephone No.
	Address:	
	City	State Zip+4
Principal Bank Information	Name:	Telephone No.
	Address:	
	City	State Zip+4

Section C: I hereby certify that the above information and statements are true and correct. I understand that Approval for the above business is contingent upon my compliance with the following departments: Revenue & Audit Bureau, Zoning, Recycling, Fire and Health (where necessary).

Signature	Title:	Date
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*Non-Profit Organizations: The City requires a copy of your 501C (IRS non-profit letter)

EDEN Customer #	Business Account #
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CITY OF ALLENTOWN
 OUT-OF-CITY BUSINESS APPLICATION (SIDE 2)
 - CITY OF ALLENTOWN USE ONLY -

ZONING APPROVAL & RESTRICTIONS (if any):

Date Approved

RECYCLING APPROVAL & RESTRICTIONS (if any):

Date Approved

FIRE APPROVAL & RESTRICTIONS (if any):

Date Approved

HEALTH APPROVAL & RESTRICTIONS (if any):

Date Approved

- REVENUE & AUDIT USE ONLY -

- BUSINESS APPLICATION INFORMATION -

Business Account No.		Business Privilege Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ref. or Partner Acct. No.
Real Estate Account No.		Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Commercial EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amusement Tax Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	S.I.C. code
Commercial LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Amusement Devices	<input type="checkbox"/> <input type="checkbox"/>	New For: Qtr. Yr.
Self-Employed EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recycling Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	City Start Date:
Self-Employed LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trash Hauler's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work PSD Code
Processed By:		Reference Only Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live PSD Code
Process Date:		Incorporated Date:		Incorporated State: