



2026 Food Vendor Application

Section I: Festival Information & Contact Form

Section II: Vendor Liability Agreement

Section IV: Out-of-City Business Registration Form

**Any questions, please contact Liz Martin
Managing Director, West End Alliance
manager@westendallentown.com**

West End World of Food Festival
Saturday, September 26th, 2026 from 12 noon – 10pm
Vendor Requirements

Festival & Booth Information

The West End Alliance will review all applications and select applicable vendors. Please note: space is limited.

Applications should be submitted to Liz Martin at manager@westendallentown.com

Payment is required once approval is granted.

The application deadline is Friday, August 9th, 2026. No additional vendors will not be accepted after this deadline.

The event takes place outdoors and is a Rain or Shine event.

PLEASE READ THESE CAREFULLY:

- **Business Liability Insurance is required, and you must provide written proof with your application submission.** 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 the Festival.
- **Each vendor is provided with one (1) 10'x10' space;** additional space is available for an additional fee. Vendor provides their own set up, including tent (with weights), tables, chairs, etc.
- Vendor booth placement is at the discretion of the West End Alliance (WEA) staff and Festival Committee. Vendors will be informed of their location, set up and clean up procedures 1 week prior to the event.
- **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. Additionally, vendors above the noise level will have to be placed near an alley where the generator can be placed away from the main street. 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 WOFF event photographers to photograph and videotape 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 with any questions

Payment Information:

- Checks (*other than those required for the City*) can be made payable to the **West End Alliance, Inc.** and mailed to West End Alliance Attn: Liz Martin, P.O. Box 173 Allentown, PA 18105
- If you would like to pay by credit card, please email Liz Martin at manager@westendallentown.com
- **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 vendors to be set up on time. Being late could impact participation. **Please set up between 8 a.m. and 10:00 a.m. on Saturday, September 26th.**

- **Vendors are responsible for cleaning up their area at the end of the event. Failure to follow the clean up protocol will risk your business involvement in future events.** Please remove all trash from your designated area at the end of the festival. Trash and recycling dumpsters will be provided.
- **Each vendor is provided one (1) 10'x10' space;** additional space is available for an additional fee.
- 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 are required to weight tents.** Our vendor area is on asphalt, so tent stakes are not permitted.
 - **Vendors are expected to remain at the event until it ends at 10 p.m.**
 - In the event of an emergency requiring your early departure, **please contact Liz Martin to assist you!** Vehicles will not be permitted to drive on the streets during festival hours.

SIGN BELOW: I have read the above information and agree to all requirements to be a Food Vendor at the West End Block Party Festival on Saturday, September 26, 2026.

Signature _____

Date _____

Print Name _____

Mobile Number () _____

Vendor Name _____

Contact Information

Business Name	
Main Contact	
E-Mail Address (required)	
(Billing) Street Address	
City, State, Zip Code	
Website	
Cell Phone (required)	
Returning Vendor (Y/N)	

Calculating Your Cost: Be very specific

It is important that this information be detailed and exact, committee decisions are partially based off this information. Location is not guaranteed. Location is chosen on a first paid basis and is at the discretion of the WEBP committee. The WEBP committee makes every effort to have a variety of food options available in each block.

Base Fee (includes one 10x10 space)	Fee	Your Cost
2026 Vendor Fee	\$325	
Additional Fees		

Additional Space at \$10 for every 5 feet of space	_____ feet	
8-foot tables at \$15 each	_____ x \$15	
Electric (please see booth info for additional information)	\$100	
Power supply needed (please specify: AMP		

Payment due upon acceptance

Total: \$ _____

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.
- *Both forms are attached to this application.*
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I agree to pay the above cost to be a vendor at the World of Food Festival on September 26, 2026, once accepted. Payment required in full upon acceptance.

Signature _____ Date _____

Vendor Questionnaire:

1. **Vendor Set Up:** Do you have a truck or tent?

2. Please describe your booth set-up. **Calculate your total dimensions, including the hitch.** (Please be very specific!)

3. Please describe your offerings:

4. Please describe your experience serving large crowds at festival events. List other festivals you have participated in.



Vendor Liability Agreement:

Vendor, as defined below, requests to participate as a vendor or associate in the **2026 West End Block Party 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 2026 West End Block Party Festival and affirms it has read, understands and agrees to all terms and provisions of this Agreement.

Signed: _____

Date: _____

Print Name: _____

**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?
 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
 BUSINESS REGISTRATION QUESTIONNAIRE (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 REGISTRATION 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		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: