

Application deadline:
April 15, 2018

A Taste of Lewiston



PRESENTED BY



Saturday, May 26, 2018 • Noon to 8 PM

Outdoors on Center Street, Lewiston, New York

A Taste of Lewiston is back this year - for one great day on Center Street in beautiful Lewiston, NY.

You are invited to be part of the festivities along with Lewiston's many great businesses and eateries. Showcase your services, products or cuisine at this year's A Taste of Lewiston.

Questions? Contact Lewiston Council on the Arts
Tel (716) 754-0166 | E-mail at director@artcouncil.org

For more details download the complete prospectus at www.coreymcgowan.com

Vendor Categories & Entry Fees

- Restaurants (Lewiston Restaurants only) \$250
- Non-Food Vendors (Area services and businesses) \$125
- Not For Profits (Area organizations, clubs and charities)....\$50

Application Instructions

1. Completed applications should be submitted by April 15, 2018 in order to be included in pre-event publicity.
2. Return the completed application along with the non-refundable check for \$250 (payable to Lewiston Council on the Arts).
3. Provide a Certificate of Insurance, naming the Lewiston Council on the Arts, Village of Lewiston and Corey McGowan Productions as additional insured for the date of May 26, 2018. This one day certificate should be provided by your insurance agent at no cost.
4. Participants may serve up to three (3) different items. We encourage you to feature "house specialties" and items unique to your business.
5. To compete in the **Healthy Options category**, see pages 3 & 4 of this application and submit your recipe by May 4th.

For more information on the Healthy Options program, please contact the Independent Health Foundation at (716) 635-4959 or info@healthyoptionsbuffalo.com.
6. Early response guarantees location choice. First come - first served!
7. Send completed application, certificate of insurance and fee to:
Lewiston Council on the Arts, PO Box 1, Lewiston NY 14092

Here's How the Festival Works...

1. Your Vendor Fee includes:
Event seating - we will provide areas for patron seating
Potable water will be available to you at event
Non-Stop musical entertainment
Marketing: we will promote your business through our event marketing.
2. You are responsible for obtaining a food permit from the Niagara County Department of Health:
Telephone (716) 439-7579 or www.niagaracounty.com
The Health Department will be doing on-site inspections, so please plan accordingly.
3. Participants may serve up to three (3) different items. We encourage you to feature "house specialties" and items unique to your business.
4. Beverage Policy: Food vendors are permitted to serve beer, wine, soda and water. Temporary SLA is required.
5. All food and beverages are purchased *using tickets only* valued at \$1 each. Minimum \$2 / Maximum \$5
6. Tickets are weighed following the event. Event receives 10%. *Vendors observed making cash transactions for food and/or beverages will face a penalty equal to 50% of their ticket sales. They will also be barred from participation in future events of Lewiston Council on the Arts and Corey McGowan Productions.*
7. Bring only pre-approved items to the Taste.
8. ***All food must be sold in sample sized portions.***
9. ***No styrofoam containers***
10. The event will go on rain or shine

Awards & Prizes

- Awards will be presented to the winners of these categories:
- Best Festival Item
 - Best Healthy Option
 - Best Booth Display
 - Best Dessert
 - People's Choice (determined by total sales for the day)

Event Timetable

April 15	Application Deadline Include completed application, fee, insurance certificate and menu items (needed for health permit)
April 30	Late Application Deadline Include everything listed above + \$25 late fee
May 4	Healthy Option Recipe Deadline
May 26	A Taste of Lewiston! Set up begins at 8am

Complete application on following pages



A Taste of Lewiston

Application deadline:
April 15, 2018

2018 VENDOR APPLICATION

Return application, entry fee and insurance certificate to:

Lewiston Council on the Arts
PO Box 1, Lewiston, NY 14092

Menu Selections (3 items maximum)

Item 1. _____

Price in Tickets _____

Item 2. _____

Price in Tickets _____

Item 3. _____

Price in Tickets _____

Name of Business: _____

Contact Person: _____

Address: _____

Phone: _____

E-mail: _____

Amenities:

Do you need electricity? Yes [] No []

I am applying as a:

- () **Restaurant: \$250 Entry Fee**
() **Non-Food Vendor: \$125 Entry Fee**
() **Not for Profit: \$50 Entry Fee**
() **Other.** Please describe _____

Payment Method (Please select one)

Check # _____ made payable to Corey McGowan Productions

or Cash \$ _____

or Credit Card (4% fee added)

Card # _____

Expiration Date _____ Sec Code _____ Zip _____

I have enclosed this completed application, insurance certificate and entry fee.

I agree to abide by the guidelines of the event information packet, found online at www.coreymcgowan.com

I agree to sell food and beverages for tickets only - no cash sales at the booth for food or beverages.

I understand that all promotion of my items must take place within the confines of my booth. I further understand that Corey McGowan Productions, Lewiston Council on the Arts and all of their representatives are not responsible for or liable for damages including, but not limited to, loss suffered before, during or after the event. I understand that there are no refunds or rain checks due to inclement weather.

Signature _____ Date _____

Print Name _____

- Checklist:**
- Fully completed application
 - Insurance Certificate
 - Entry Fee

Completed application received on



SKIP THE PAPER!

Visit healthyoptionsbuffalo.com and submit your recipe using our Restaurant Sign-Up button OR fill out this recipe form. **Deadline: May 4, 2018.**

Event Name: _____

Vendor Name: _____

Contact Person: _____

Phone Number: _____ Email: _____

Best Time to Reach Contact Person: _____

Recipe Name: _____

Number of Servings: _____ Portion Size per Serving: _____
(e.g., this serving is approximately 1/2 cup, or this is the dinner-sized portion)

Ingredient	Amount Used

Cooking Directions:

Return completed form by:
Fax: (716) 635-3984
Email: info@healthyoptionsbuffalo.com
Mail: Independent Health Foundation
511 Farber Lakes Drive
Buffalo, NY 14221

Questions?
We're here to help! Please contact the Independent Health Foundation at **(716) 635-4959**.

