



VENDOR

APPLICATION FORM

REQUIREMENTS:

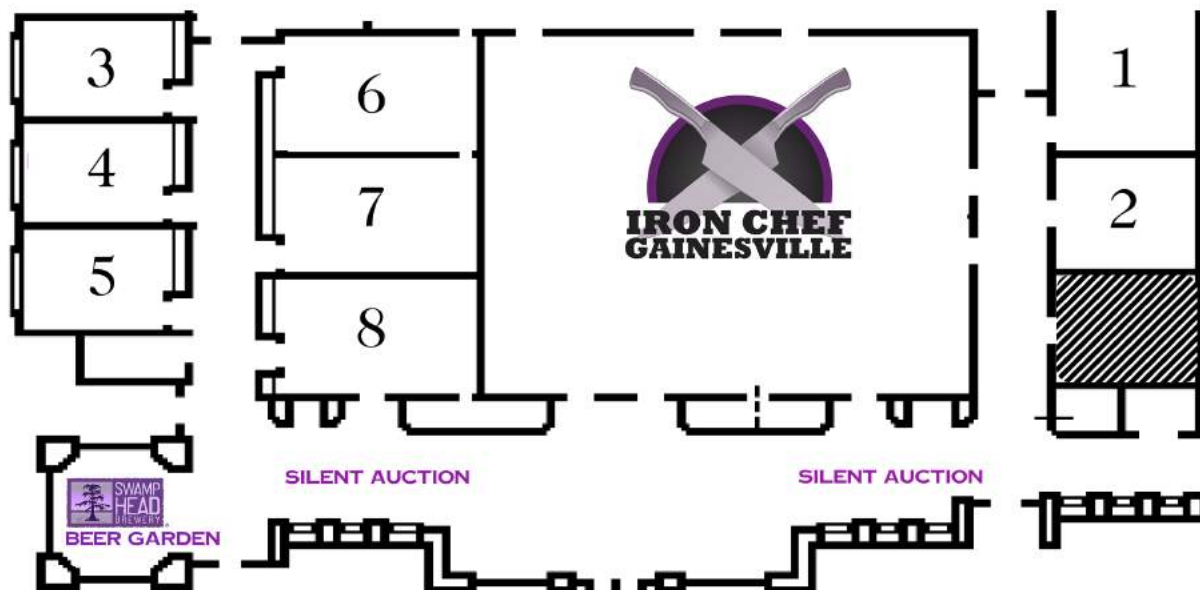
- All registration and fees must be received on or before February 10th, 2017 to be in the 2017 Apr/May Issue of HOME.
- Rooms are assigned on a first come first serve basis. Fees must be paid in order to get your preferred room. Please indicate your 1st, 2nd and 3rd room choice. You will be notified via email.
- Setup must be after 1:00 pm and before 4:30 pm on June 4, 2016 at the UF Hilton Hotel and will not begin breakdown before 9 pm. Be ready to serve by 5:00 pm.
- Up to 2 employees will be given wristbands to work the event. Your restaurant must check-in at Taste of Greater Gainesville's vendor check in area upon your arrival.
- Decorate table with a theme related to your room choice. If you need help decorating your table, Keith Watson Productions is our exclusive designer, please contact them directly at 352-264-8812.
- Must provide 500 4oz. sample sized portions, 500 small plates and utensils.
- Submit payment of \$100 to help with overhead costs associated with Taste of Greater Gainesville. Fee covers: (1) 6ft table, tablecloth, skirting. You may not bring additional tables.
- Provide a \$50 gift card from your restaurant to be used in the Taste of Greater Gainesville silent auction. Taste crew will coordinate pick up.

ROOM ASSIGNMENTS:

Please make your room selection from 1-3.

Application recieved on: _____

- | | | |
|---|-------------------------|-------------------------------|
| 1. Mad Hatter's Factory | 4. The Looking Glass | 7. The Queen's Croquet Ground |
| 2. Cheshire Cat | 5. Down the Rabbit Hole | 8. Alice's Garden |
| 3. Queen of Hearts (who stole my tarts) | 6. Mad Tea Party | |



Please email completed form to Erica Brown: Erica@TasteOfGainesville.com



VENDOR

APPLICATION FORM

Restaurant Name: _____
(Please list name as you would like it to appear in printed materials.)

Contact information:

Contact Person's Name & Title: _____
Address: _____
Phone: _____
Email: _____
Website: _____

\$100 Registration Fee Gift Card

Payment type:

Please make all checks payable to Taste of Greater Gainesville.

Cash Check Visa MasterCard American Express

Credit Card: _____
Expiration Date: _____ Security Code: _____ Billing Zip
Code: _____
(American Express: 4-digits code on front of card)

Signature: _____

Room selection:

(Please refer to map on reverse.)

Please indicate your 1st, 2nd and 3rd room choice. Room selection is based on a first come-first serve basis.
Payments must be received in order to reserve your room.

1. _____ 2. _____ 3. _____

Please fax, mail, or stop by our office with this completed form to:

Taste of Greater Gainesville, 4915 NW 43rd St., Gainesville, FL 32606 | P: (352) 372-5854 | F: (352) 372-5957

As a participating restaurant at the Taste of Greater Gainesville event, you will be in the Taste of Greater Gainesville Restaurant guide in the Apr/May Issue of HOME: Living in Greater Gainesville.

For questions, please email Erica@TasteOfGainesville.com or call (352) 372-5854.

Taste of Greater Gainesville, Inc. is recognized under the IRS as exempt under section 501c3 and is registered with the Florida Division of Consumer Services, registration number CH35432. Donations are tax deductible to the full extent of the law.
A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7532) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT APPROVAL, OR RECOMMENDATION BY THE STATE.