

2018 ELISHA WINN FAIR

FOOD VENDOR APPLICATION

GWINNETT HISTORICAL SOCIETY P.O. Box 261 LAWRENCEVILLE, GA 30046

Saturday October $6^{\rm th}$ 10 a.m.-5 p.m. & Sunday October $7^{\rm th}$ 10 a.m.- 5 p.m.

The Gwinnett Historical Society, sponsor of the Elisha Winn Fair, is pleased to welcome your participation in the $40^{\rm th}$ annual Elisha Winn Fair. The location is 908 Dacula Road, Dacula, GA 30019.

Vendor Name:		
Street:		
City:	State: _	Zip:
Phone:	Email:	
Please list all food and d	rinks you will be serving:	
Fees: Single Space (10x12) Double Space (20×12) Electricity (Fee covers both days)		\$ 60.00 \$115.00 \$10.00
microwave oven or two smal You will need to furnish y for outdoor use.	ch booth will be allowed the use I appliances (crock pot, coffee our own 50 - 100 ft. heavy-duty ty needs (specify amps)	e maker, hot plate, etc.). v extension cords suitable
	ce at the fair, your application of the state of the center of the cente	
from 7 a.m. until 9 a.m. Y	5 th between 1 p.m. and 6 p.m. our vehicle must be off the gro 5 a.m. each morning of the fair	unds and parked in the lot
Please keep your display a	vailable to fair attendees unti	l closing time each day.
	contact the GHS office at (770 at WinnFair@GwinnettHS.org.) 822-5174

Office use only	Date	Check #	Amount:
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WAIVER OF LIABILITY

GWINNETT HISTORICAL SOCIETY P.O. Box 261 LAWRENCEVILLE, GA 30046

My participation in the Elisha Winn Fair does not entitle me to be covered under any Gwinnett Historical Society insurance. I fully understand that by my participation in this event that the Gwinnett Historical Society, its trustees, Executive Board, or members will in no way be held responsible or liable for any injury or malady to me or the public by me during the Elisha Winn Fair being held October $6^{\rm th}$ and October $7^{\rm th}$, 2018.

My signature below fully relieves the Gwinnett Historical Society from any responsibility for loss, theft, or damage and the above-mentioned injury to the public or myself. I attend and participate of my own free will, knowing the above stipulations. I understand the Gwinnett Historical Society will not be responsible or liable for any injury or loss to a crafter or vendor or their property.

Signature:			
Print Name:			
Street:			
City:	State:	Zip:	

Please fill out and mail application with insurance waiver and check to:

Gwinnett Historical Society
P.O. Box 261
Lawrenceville, GA 30046
Attn: Elisha Winn Fair