



____ Application Fee
____ Photo Enclosed
For Office Use Only

May 22, 2010 ♦ 12 noon – 6 pm ♦ Fourth Street, Downtown Winston-Salem – www.SaluteNCwine.com

Establishment Name: _____

Contact: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different from physical): _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Website: _____

Please provide brief description of proposed on-site menu and pricing below

- Vendors **may not** serve alcoholic beverages; but you **may** serve soft drinks and water,
- Vendors **must** be set up for Health Department inspection by 10:45 am,
- Vendors **may not** leave the event footprint before 6:00 pm
- Vendors **must** fill out subsequent Forsyth County Health Dept. Application w/ \$50 FCHD fee

Please enclose a 3 x 5 (or larger) photo of your mobile unit.

Vendor fee is \$250. Please make check payable to the Downtown Winston-Salem Partnership, and attach payment with this application.

I agree to the terms and conditions presented to me. I am authorized to enter into this agreement on behalf of the party listed above:

Vendor Date

Accepted: _____
Downtown Winston-Salem Partnership Date

Note: Event will be held rain or shine.

Contact the Downtown Winston-Salem Partnership at 336-354-1500 or www.dwsp.org with questions.