



2025 Annual Breathitt Co. Honey Festival

Food Booth Application August 29, 30, & 31, Labor Day Weekend

NAME OF ENTITY – PLEASE PRINT _____

CONTACT PERSON _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

EMAIL _____

DO YOU NEED A WATER CONNECTION? If YES, Explain: _____

TOTAL LENGTH OF BOOTH (INCLUDING TONGUE): _____

*WILL EXTRA TENTS OR GRILLS BE SET? Describe set up requested. Space is limited. Other needs?

WILL ELECTRICITY BE USED? NO YES 110 VOLTS 220 VOLTS AMPS _____

What type and how many electrical appliances will you be using: _____

PLEASE LIST ALL FOOD THAT YOU **REQUEST** TO SELL: The Festival wants to offer a variety of foods without duplications.

Please note, only the BC 4-H Booth can sell CORNDOGS.

1) Commercial Food Booth: \$600 + 6% KY Tax * Single Product Food Booth: \$300 + 6% KY Tax * Local Non-profit Booth: \$200

Booths are 10' x 20'. Additional space for extra tents, grills, or other items must be approved by Committee based on space available.

NO VEHICLES ARE ALLOWED IN THE FOOD VENDOR AREA during hours of operation.

2) Food booths can be set up on Thursday between the hours of 5:00 – 9:00 P.M. or Friday 8:00-10:00 A.M.

3) Vendors are responsible for keeping their area clean and must have a proper container to dispose of grease.

3) All food vendors must have a food permit. Contact the Breathitt County Health Department at 606-666-5274 for info.

4) Booth hours are Friday 12:00 P.M. to 11:00 P.M.; Saturday 10:00 A.M. to 10:00 P.M.; and Sunday, 10:00 A.M. to 5:00 P.M.

Mail/email completed application and payment to:

Breathitt Co. Honey Festival

333 Broadway St

Jackson, KY 41339

Or email to HoneyFestival@cityofjacksonky.org

Priority will be given to local non-profit groups, and vendor product options may be limited to allow for a variety of food. Payment must be received with application, and if your application is not accepted, payment will be returned.

Having read the rules set forth by the Honey Festival Committee, I (we) agree to abide by the rules as so stated:

Signature and title of group representative

COMMITTEE USE ONLY BELOW LINE

DATE: _____ **CHECK #:** _____ **AMOUNT \$** _____