FOOD CONCESSION APPLICATION

SXSW Concerts

March 18-20, 2010

Please Print!

Name: _____

Business Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Area Code/Phone **Business:** _____

Home: _____

Mobile: _____

Fax: _____

Email: _____

Website: _____

Drivers License #/State: _____

Texas Sales Tax #: _____

Vendors are responsible for collecting and paying Austin sales tax of 8.25%
A photocopy of your sales tax permit must be included with your application

Description of Food and/or Beverage to be Sold:
(no soda, bottled water, beer, wine or lemonade sales available)

_____

_____

_____

_____

_____

First-Time Vendors Must Submit Photos of Booth With Application

( ) **Photos attached** ( ) **Will email photos to info@austexevents.com**

Booth Request:

Full Food Booth - $1,200 **$**_____

Limited Food Booth - $600 **$**_____

Food/Beverage Cart - $400 **$**_____

Health Permits (Required Per Booth/Cart) **$** **80.00**

Total Amount Enclosed - Due by 3/5/10 **$**_____

***Make Check Payable To*: G&M Catering,**

***Mail Application and Check To*:**
AusTex Events, PO Box 9645, Austin, TX 78766

Contact us at info@austexevents.com
or 512-454-9285 or more info.

No Applications Will Be Accepted Without Check/Money Order
Late applicants are subject to being left out of advertising and printed program

Waiver and Conditions: The undersigned exhibitor/vendor releases and holds harmless SXSW, G&M Catering, County Fair Enterprises, Inc. dba AusTex Events, the City of Austin, festival sponsors, property owners, and tenants; and waives all rights, without limit upon or liability, for use of their property and facilities. The undersigned also agrees that SXSW may use any images submitted for publicizing the SXSW. The undersigned further agrees that failure to abide by the rules stated in this application can lead to expulsion from the SXSW Concerts with no reimbursement or legal recourse whatsoever. I have read the attached rules and agree to the terms of this contract. Applicants must sign below to be considered**.**

Signature: _____

Date: _____

APPLICATION MUST BE SIGNED & PAYMENT ENCLOSED

OFFICE USE ONLY

Dep. Date	Ck. #	Amount	Reg #	Notes	Booth #