CHINESE NEW YEAR FESTIVAL 2027, 18th Annual

Jan. 30th (Sat.) 10:30am-5pm

Luther Jackson Middle School 3020 Gallows Road, Falls Church, VA 22042

www.ChineseNewYearFestival.org

FOOD VENDOR APPLICATION

Cost: ____ 14x7 Booth for $450;

Vendor Name:_____ License ID: _____

Booth Sign: _____ Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Food and Drinks Items and Price (ACSC reserves right to remove items if no listed)

_____

_____

Will you be grilling?____ Will you need electricity? _____ Volts: __ 110; ___ 220 Amps

Insurance and License. All food vendors must submit proof of the following**:**

- Food permit/license issued by Fairfax County Health Department.
- Certificate of $1 million insurance policy that names Chinese New Year Festival 2027 and Asian Community Service Center as insureds on the insurance certificate.

Amount enclosed: _____ Check numbers:_____
Please return Application and full payment to **Asian Community Service Center**, 2758 Stone Hollow Dr. Vienna, VA 22180. Payments must include a **$50 separate check** for clean-up deposit per booth. Checks payable to **Asian Community Service Center**. Payments are non-refundable. Only application with payment will be processed. First come first serve.

Liability Waiver. The person signing below certifies that he/she has the legal right to act on behalf of the vendor. The vendor including all of its employees, agents and other representatives hereby holds harmless and indemnifies Asian Community Service Center, all sponsors, board members, employees and other representatives of each, for all and any damages or liability incurred as a result of the actions of the vendor in the Chinese New Year Festival 2027. I agree that all representatives acting on the vendor's behalf for any matter pertaining to this event will be subject to all rules herein as well as applicable law and regulations.

Signature:_____Date:_____

For questions, contact Tiny : Tel 703-868-1509 fax 703-763-2340 contact@AsianServiceCenter.org

Accepted by Asian Community Service Center:
Name/Title _____ Signature: _____ Date: _____