

ANNUAL
**TASTE OF
DUARTE**
AND BUSINESS EXPO

presented by the Duarte Chamber of Commerce

RESTAURANT APPLICATION

Restaurant Name: _____ Phone: _____

Contact Name: _____ Fax: _____

Address: _____ City/Zip: _____

Space Signage to Read: _____ Email: _____

* A copy of your health permit must be attached. Health Permit #: _____

* A letter on your letterhead stating you are donating your food to the Taste of Duarte must be attached

What specific food are you bringing: _____

Each restaurant will be provided a standard 10' x 10' white canopy booth with 3 sides.

I need electricity in my booth. It will be used for: _____

I need ice. It will be used for: _____

I would like to provide a \$10 or more gift card/certificate for use in a combined large raffle prize

I have special needs: _____

*There is no booth fee for restaurants. **Duarte Chamber of Commerce Members** will receive a free 1/2 page full color add space in the program book. Non-Members will be listed by name in the program book - 1/2 page full color add is \$100. You need to provide a print ready .jpeg or .pdf file no larger than 4" high by 4.5" wide.*

***Members** can also have a free full color coupon. The max size is 4.75" wide by 2.125" high. Non-Member Rate is \$75 Both ads must be submitted by April 15 or will be considered forfeited.*

Supplies such as plates, forks, spoons, napkins, glasses and/or cups will be furnished by the Duarte Chamber of Commerce upon request. Please advise what supplies are needed below.

_____ (Restaurant) will participate in the Taste of Duarte and will provide enough samples for 500 people. Please reserve _____ table(s) for us (maximum 2 tables.)

There will be a total of _____ people working in my booth (a maximum of 3 people per restaurant are free.)

I have provided a check in the amount of \$20 for each additional booth worker (must be paid in advance)

I understand that if I do not show for the event, I will be charged the costs associated with participation and a \$50 processing fee.

Signature: _____ Date: _____

The Duarte Chamber of Commerce reserves the right to approve all sponsors and exhibits. This application will hold your space.

Full details on participation, including the setup and cleanup schedules, will follow two weeks prior to the event. Deadline for application is April 1.

Return this application with your check to: **Duarte Chamber of Commerce**
P.O. Box 1438, Duarte, CA 91009-4438

