



RESTAURANT FORM

DEADLINE SEPTEMBER 23rd

TASTE
10.15.11 Oct 15, 2011
 12-6PM
 HISTORIC DOWNTOWN CHANDLER

CONTACT INFORMATION

Chandler Tax ID: _____

Restaurant Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

RESTAURANT OPTIONS

Item	Amount	Subtotal
• Restaurant Vendor	\$50 =	\$ _____
• Includes 10 x 10 booth, 4 passes, 2 electrical outlets, forks, napkins, plates, cups and program ad with directory listing.		

Total Due \$ _____

RESTAURANT INFORMATION

Item(s) to prepare: _____

* REQUIRED - Electrical Needs for wattage. List equipment and amps needed below.

TERMS & PAYMENT INFORMATION

Please make checks payable to: HDE, LLC

22 East Victory Street

Phoenix, AZ 85040

P: 602.276.2499 / F: 815.642.4836 / www.hdeagency.com

or provide the following Visa, MasterCard or AMEX account information:

_____ Account Number

_____ Expiration Date Name on Card

_____ 3-Digit CCV number

Your signature authorizes HDE, LLC to reserve the space requested above and to charge the above listed credit card account if specified. Additionally, you have read, understand, and agree to the terms and conditions shown and are an authorized agent of the above listed company.

Name: _____

Signature: _____ Date: _____

Application will be considered complete on acceptance of full payment.

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IMPORTANT CHECKLIST

- Restaurant must provide temporary food permit
- Restaurant to provide certificate of insurance
- Restaurant to submit completed menu
- Restaurant to submit electrical needs & flame permit
- Restaurant to email chef picture & bio (if applicable)
- Restaurant to provide 500-700 food samples
- Restaurant to provide necessary cooking equipment
- Restaurant to provide booth decor for "Best of"
- Restaurant to review vendor packet, terms & cond.

www.tastechandler.com