



TASTE OF SUMMER

Winery, Distillery, Craft Brewer Application

June 9, 2018

12 noon - 8 pm

Deauville Island at Emerson Park

Auburn, NY

www.tasteofsummerfl.com

315-781-7000

Business: _____

Address: _____

City: _____

State: _____ Zip: _____

E-Mail: _____

Phone #: _____

Item	Fee	QTY	Total
20' Wide X20' Deep	\$150		
Additional 10' X 20'	\$50		
Electric Service- 15 amp	\$30		
Additional amps needed please call			
Late Fee After 6/1/2018	\$50		

***No Wine Slushy Sales**

*NY State Farm Winery Licenses needed for selling bottles to general public, which will be allowed. NY State Liquor Authority laws will be in effect and applicable.

*Vendor responsible for supplying own tent, tables and chairs for event. Vendor responsible for securing a Cayuga County Health permit prior to event. Vendor will forfeit event application fees no health permit is secured, and vendor not allowed to sell items due to health department.

***Vendor must provide certificate of insurance with minimum \$1 million liability. Must list Finger Lakes Radio Group dba FLXEvents as additionally insured.**

Minimum Deposit 50%-Non Refundable

Please make checks payable to:

Finger Lakes Radio Group

3568 Lenox Rd. Geneva, NY 14456

Balance of application fee plus any applicable late fees due prior to event.

Waiver of Liability:

I agree to abide by all rules and regulations set forth. Vendor must provide copy of liquor license and liability insurance at time of application. In consideration of this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Taste of Summer festival, FLXEvents, the Finger Lakes Radio Group, their benefactors, representatives, successors and/or assigns, for any and all injuries suffered by me in this event.

Approval: _____

Date: _____

Credit Card Payment Method

Payment Amount: \$ _____

Name on Credit Card: _____

Credit Card #: _____

Credit Cardholder Zip Code _____

Exp. Date: _____ CVS Code: _____