



BBQ FOOD VENDOR APPLICATION
Event Date September 2-4 2011
Register by August 19, 2011

Date: _____

Business Name: _____

Contact Person: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____ Website: _____

Sales Tax #: _____

Note: All Vendors are responsible for reporting sales tax on their sales!

Please give a brief description of your product you will be selling:

Special space requirements:

Licenses and Permits: Vendors are required to obtain and provide a Temporary Food Establishment Permit from the Southern Nevada Health District, (702) 759-0501, for the duration of the event. Failure to provide a copy of the required permits will result in cancellation and loss of deposit.

Food: Food may only be sold Friday 4pm-10pm, Saturday 11am-7pm and Sunday 11am-7pm.

Note: All food vendors must contact Christian Adderson, cadderson@blackgaming.com

In consideration of my participation in the "Smokin in Mesquite Barbecue" and related events, intending to be legally bound thereby, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages which may arise against Black Gaming, LLC, Smokin in Mesquite Barbecue, Mesquite Resort Association, Las Vegas Events, Las Vegas Convention and Visitor's Authority, City of Mesquite, Kansas City Barbeque Association, the host sponsor, and all of their representatives, successors, and assigns for any and all injuries suffered by myself, my heirs, executors, and administrators with respect to the Smokin in Mesquite Barbecue. Further, I hereby grant permission to the Smokin in Mesquite Barbecue and/or their agents, to use any photographs, videotapes, motion pictures, recordings or any other record of the Smokin in Mesquite Barbecue and related events for any reason. I agree to abide by the rules and regulations of the Smokin in Mesquite Barbecue and the Kansas City Barbecue Society.

BOOTH RENTAL FEES 25' X 40' - \$250 plus 20% of sales will be paid to Black Gaming
(Price covers all three days)

Signed: _____ Date: _____

Check #: _____

Credit Card #: _____ Exp Date: _____

Mail your check, payable to the CasaBlanca Resort & Casino, and application to:

Smokin in Mesquite
c/o CasaBlanca Resort & Casino
Attn: Christian Adderson
950 W Mesquite Blvd
Mesquite, NV 89027