



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 their sales tax on their sales!

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

Special space requirements: _____

Licenses and Permits: Vendors will be required to obtain a Temporary Food Establishment Permit from the Southern Nevada Health District (702) 759-0501. Failure to provide a copy will result in cancellation and loss of deposit. **Food** will be sold Friday 4pm-10pm, Saturday 11am-7pm and Sunday 11am-7pm.

Note: All Barbecue food vendors need to 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 I may have against Black Gaming, Smokin in Mesquite Barbecue, Mesquite Resort Association, Las Vegas Events, Las Vegas Visitor and Convention Authority, City of Mesquite, 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 full permission to the Smokin in Mesquite Barbecue and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or any other record of the Smokin in Mesquite Barbecue and related events for any legitimate reason. I agree to abide by the rules and regulations of the Smokin in Mesquite Barbecue and the Kansas City Barbecue Society.

BOOTH FEES: 10 X 10 Booth

OUTSIDE: \$100 Plus 20% of sales back to Black Gaming

(Booth fee waived if you are a sponsor. Price covers all three days)

Signed: _____ Date: _____

Check #: _____

Credit Card #: _____ Exp Date: _____

Make checks payable to: CasaBlanca Resort for the total amount, must accompany this application.

Thank you!

Mail your check and application to:

CasaBlanca Resort
950 W Mesquite Blvd
Mesquite, NV 89027
Attn: Christian Adderson