



Montana BBQ Cook-Off
June 8, 2024
Food Truck Vendor Form



VENDOR NAME _____

OWNER NAME _____

MAILING ADDRESS _____

CONTACT PHONE _____ EMAIL _____

All vendors must submit W-9 with application. W-9 can be found on our website: www.montanabbqcookoff.com
All food vendors must fill out Health Department form that is listed on the website. No cost or fee is required.
Forms must be received by May 15, 2024.

Any questions, call Danelle DeSaveur at 406.328.6822

What will you be vending: _____

Food Truck Size _____ Where on your truck/trailer do you vend from? Side Back

Please be specific on space needed _____

All food vendors must take Tokens. No cash. Please design your pricing for Tokens. Each token is worth \$1.
Tokens split is a 80/20 split.

Food Truck/Food Vendor \$100 fee _____ Limited Electricity \$25 _____

YOU MUST BE SET UP BY 9:00 a.m. and your vehicle MUST be off the street by 10:00 am. No Exceptions.
Please be aware that if you have a trailer to fit in your space, that you might want to be there earlier so you can get your trailer into your space before other vendors set up near you.

Vendor should be prepared to put up his/her own sunshade and rain protection. We suggest you be prepared for any kind of weather. Exhibitors are responsible for setting up and attending their booth at all times and cleaning their space at the end of the day. Garbage bins are located on Grove Street (just east of Touch of Country restaurant).

Waiver of Liability: Vendor agrees that AAMA/Montana BBQ Cook-Off, and their officers, directors, representatives, employees, and agents shall have no responsibility whatsoever for any loss or damage to Vendor's equipment, supplies, goods or other property. Neither the AAMA/Montana BBQ Cook- Off shall be liable for any loss or damage to the property of Vendor or any of its representatives, employees, agents, patrons and guests, because of fire, robbery, accidents, or any other cause whatsoever that may arise from Vendor's use or occupancy of its allocated space during the Cook-Off. Vendor agrees to indemnify and hold harmless representatives, employees, and agents of AAMA/Montana BBQ Cook-Off against any and all claims of any person whomsoever arising out of Vendor's participation in the Cook-Off or from acts or omissions of Vendor, its representatives, employees, agents, patrons, or guests.

I, the undersigned, agree to and accept all the terms, conditions, rules and regulations, on behalf of myself/team.

Signature _____ Date _____

Spaces and electrical are assigned based on priority of when your payment is received.

The Montana BBQ Cook-Off reserves the right to limit or refuse entries.

Please make checks payable to AAMA (Absarokee Area Merchants Association). Or pay online by visiting our website.

Mail to: PO Box 62, Absarokee, MT 59001

Email: mtbbq@yahoo.com

Phone: 406.328.6822

Official use only: Date Received _____ Payment type _____ Amount Received \$ _____

Balance owed \$ _____ Split _____ Paid Out \$ _____ Notes: _____

