

**RIVER ROUGE DAYS 2023**  
**Sept. 8<sup>th</sup>, 9<sup>th</sup> & 10<sup>th</sup> 2023**  
**10600 W Jefferson**  
**RIVER ROUGE, MI 48218**  
**(313) 842-5604 (313) 842-4200**

The River Rouge Days Committee agrees to supply only the vacant area contracted for. Crafters and concessionaires agree to supply all necessary equipment for their activity including tables, chairs, extension cords, etc.

**NO WATER HOOK-UPS WILL BE AVAILABLE**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Space Size = 10 x 10-\$50 \_\_\_\_\_ 10 x 20 \$100 \_\_\_\_\_ No. of Spaces Needed \_\_\_\_\_

Food Vendors \$100.00 \_\_\_\_\_ Electrical \$25.00 \_\_\_\_\_ Water \$25.00 \_\_\_\_\_

**Please be specific** in describing the type of craft, food or activity planned for your booth. Food vendors, please list the kinds of food to be served and prices.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rental fee is: \_\_\_\_\_ Per Space. This must be included with your completed application. **All applications are approved on a first come, first served basis.** Food and activities are to be approved by the committee. If application is denied, money will be refunded in full.

**DEADLINE FOR APPLICATIONS IS JUNE 1, 2023**

Electricity is available on a limited basis. Applicants needing electricity must note such on the application.

Concessionaires must provide their own extension cords for electricity.

**Please list the number of receptacles or state your specific electrical needs.**

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Will you be using a fryer, refrigerator, roaster, etc.    **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

It shall be the user's responsibility to use equipment and appliances that are properly maintained and grounded with cords that have grounding prongs (3 prong type) to mate with extension cords and receptacles so designed that the ground connection is made. It is hereby expressed and understood that the City and the Rouge Days Committee does not undertake to furnish continuous service nor shall be liable for damage resulting from the misuse of electric current. **Please bring tents, tables, chairs, extension cords, and lighting if needed.**

**LIABILITY INSURANCE:** The Concessionaire must procure and maintain (copy to be submitted to the Rouge Days Committee with application for the duration of the weekend) bodily injury and property damage liability insurance in the amount of not less than \$300,000.00 single limit. Coverage must include product liability. The City of River Rouge and the River Rouge Days Committee must be named as additional insured of the policy.

**HEALTH INSPECTION:** The Wayne County Board of Health requires a fee for inspection and licensing of all food concessions. This fee is to be paid by the concessionaire to the Wayne County Board of Health in addition to the booth fee. **THIS IS THE SOLE RESPONSIBILITY OF THE CONCESSIONAIRE.** The Board of Health will make inspections at Memorial Park on Friday afternoon. All concessionaires must be present for inspection. Any violation of Wayne County Health Law will result in termination of this contract and forfeiture of all monies paid to the River Rouge Days Committee and immediate expulsion of the concessionaire from Memorial Park.

**CLEAN UP:** All Concessions and crafters are responsible for keeping their immediate area clean. Your area must be cleaned daily, or you will be charged a \$100.00/per day cleaning fee and/or asked to leave the park and forfeit booth fees.

**SELECTION OF BOOTHS IS FIRST COME FIRST SERVE! WE DO  
LIMIT NUMBER OF VENDORS TO MAKE THE EVENT  
SUCCESSFUL FOR EVERYONE.**

ENCLOSED IS A CHECK OR MONEY ORDER FOR MY BOOTH SITE,  
ALONG WITH THE COMPLETED APPLICATION. I HAVE READ THE  
RULES AND REGULATIONS AND AGREE TO ABIDE BY THEM. I  
UNDERSTAND THAT VIOLATION OF THESE RULES WILL CAUSE  
IMMEDIATE DISMISSAL FROM THE PARK WITH NO  
REIMBURSEMENT OF MONIES. THE COMMITTEE WILL ASSIGN  
BOTH LOCATIONS YOU WILL BE NOTIFIED OF YOUR SPOT UPON  
ACCEPTANCE OF YOUR APPLICATION.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Use:

Accepted \_\_\_\_\_

Denied \_\_\_\_\_

Payment Rec'd \_\_\_\_\_

Reason \_\_\_\_\_

Booth # \_\_\_\_\_

\_\_\_\_\_

Location \_\_\_\_\_

\_\_\_\_\_  
Initials