



**BYRONFEST 2026
TASTE OF BYRONFEST
JULY 10th, 11th, and 12th**

**FOOD VENDOR CONTRACT
Return by April 15, 2026**

Your Name	_____
Business Name	_____
Mailing Address	_____
City, State, Zip Code:	_____
Telephone No/Fax	_____
E-Mail	_____
Federal Tax I.D. # or Social Security #	_____

	Application Fee	% of Gross Sales	Electric Max-60 amps	Footage beyond 12' x 12'
Local Non-Profit	\$0	10%	\$0	\$10/ft
Chamber Members	\$150	10%	\$100	\$10/ft
Non-Chamber Members	\$200	10%	\$100	\$10/ft

**PLEASE COMPLETE
THE
INFORMATION ON
THE REVERSE SIDE**

Please indicate the types of food items you wish to sell and their cost Attach menu to application. Must include menu to be approved. **Price all items in increments of \$1.00** (all food & drink sales at ByronFest will be by ticket only). **After listing your specialty item, list your other requests in priority.**

For 2026, we will allow food vendors to sell soda, sports drinks, and bottled water. This will be a year to year decision.

**I/WE UNDERSTAND AND AGREE TO THE FOLLOWING
FOR BYRONFEST 2026:**

- 1. to operate and serve only the above mentioned food & drink items, pending approval of the Taste Chairmen;*
- 2. to forfeit my payment if I cancel after May 30, 2026;*
- 3. that all sales will be by ticket only and that there will be no cash sales;*
- 4. that ten percent of gross ticket sales will be retained by ByronFest;*
- 5. that I am responsible for paying the license fee directly to the Ogle County Health Department when requested;*
- 6. that I am responsible for providing proof of liability insurance to ByronFest before the start of the festival;*
- 7. that I am responsible for all grease and waste removal; if I fail to do so I agree to pay ByronFest a \$100 removal charge that will be deducted on Sunday at final count in City Hall;*
- 8. that the location of the food booths and trailers will be determined by ByronFest.*

Signed _____ *Date* _____

**Questions? Call (815-234-5500),
or e-mail office@byronchamber.com**

PLEASE RETURN THIS FORM WITH PAYMENT TO:

ByronFest
P.O. Box 405
Byron, IL 61010-0405

For Office Use
Date Rec'd _____
Amount Rec'd _____
Check #/Cash _____