



**Cuba Dairy Days
Food Vendor
Application**

Friday, June 13, 2025 - 4 pm - 11

Business Name _____

Contact Name _____

Address _____

Phone _____ **Email** _____

Types of food that you will be serving:

Will you need electric? Yes or No (Circle one)

If electric is needed, there will be a **fee for electricity in the amount of \$15 or an amount based on usage and/or hook up.** Please specify your electric needs below.

Insurance Requirements: Must provide a certificate of insurance, with a liability limit of at least \$1,000,000, naming Cuba NY Chamber of Commerce & Cuba Dairy Days, 5 W Main St, Cuba, NY 14727 as additional insureds. In addition, you will need to contact the Cuba NY Village office, 585-968-1560 for a vending permit. Both **must** be provide to the Chamber office prior to the event.

Fee: Friday \$100 **Electric:** \$15 **Total Amount Remitted:** _____

Signature _____ **Date** _____

****Please indicate if you are interested setting up Saturday, June 14, 2025, at no additional cost, 9:00 am - 4:00 pm ** Yes or No (Circle One)**

Office Use:

Date paid _____ Amount _____ Chk # _____

Cuba Chamber of Commerce, 5 W Main St, Cuba NY 14727

585-968-5654 ~ cubachamberofcommerce@gmail.com

