



# 2025 Cheese Capital Festival Food ONLY Vendor Form

Friday, June 27 - Saturday, June 28, 2025

*The mission of the festival is to honor the cheese history in Plymouth.*

**Very Limited Food Vendor Space, First Come/First Serve**

**APPLICATION DEADLINE: April 28, 2025 or until SOLD OUT**

Food Vendor Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Type of Vehicle  Food Truck  Tent  Other \_\_\_\_\_ Size \_\_\_\_\_ Serving Window Side  Driver  Passenger

Booth spaces are 15 feet wide. You must supply your own tables. If you need more than 15 feet, you must register and pay for 2 spaces! Booth placements will not be completed until all registration forms are in. **You will receive notice the week of June 23<sup>rd</sup> with booth set up information.**

Vendors are required to participate Friday AND Saturday during the times below. It is optional to stay past these times. The event runs until 10 pm. The vendor fee is **\$150** for both days per booth space.

Friday – June 27, 5:00 pm – 9:00 pm (minimum)      Saturday – June 28, 11:00 am – 7:00 pm (minimum)

Do you need electricity? **ELECTRICITY IS EXTREMELY LIMITED AND IS AVAILABLE ON A FIRST COME, FIRST SERVE BASIS.** You will need to bring your own extension cord.

Yes, we need electricity supplied by the Chamber (Additional \$150 per booth space)

**REQUIRED:** Plug description or submit a picture of electrical plug \_\_\_\_\_.

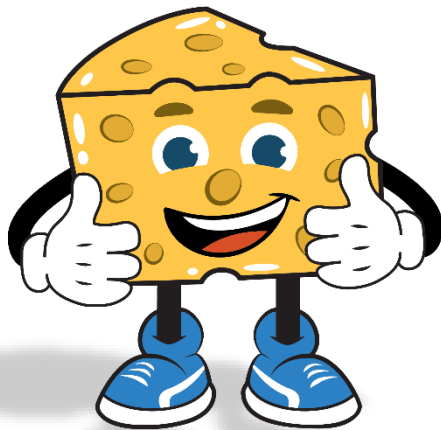
No electricity needed - We suggest bringing a **QUIET** generator to supply power to your space.

\*Food vendors must contact the Sheboygan County Division of Public Health for a temporary food event license by calling (920) 459-4347.

**\*NEW THIS YEAR\*** If you decide to sell a cheese themed dish, we will feature it on our social media. Please describe your dish below and send a high-resolution picture of it to [chamber@plymouthwisconsin.com](mailto:chamber@plymouthwisconsin.com) by Monday, June 2<sup>nd</sup> to be included in promotions.

Please describe your cheesy dish: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Participation is NOT mandatory to be a food vendor.



### PAY BY CREDIT CARD!

Cardholder Name: \_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Identification Number: \_\_\_\_\_ Amount to Charge: \_\_\_\_\_

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

*I authorize Plymouth Chamber of Commerce to charge the agreed amount listed above to my credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.*

Cardholder-Sign and Date Below

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form **AND** payment by Monday, April 28, 2025 to:  
Plymouth Chamber of Commerce, 647 Walton Drive, Plymouth, WI 53073  
or email to [chamber@plymouthwisconsin.com](mailto:chamber@plymouthwisconsin.com)

*(If the event sells out, vendors who are unable to secure a spot will have their payment returned)*



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## RELEASE AND INDEMNIFICATION

The undersigned hereby requests permission to take part in the Cheese Capital Festival and/or other activities sponsored by the Plymouth Chamber of Commerce, Inc., in the City of Plymouth, Sheboygan County, Wisconsin. I know the risks and dangers involved in such activities, and that unanticipated and unexpected dangers may arise during such activities, and I assume all risks of injury to my person and property that may be sustained in connection with the stated and associated activities.

In consideration of the permission granted to me to participate in the stated activities, I hereby, for myself, my heirs, administrators, and assigns, release, remise and discharge the operator and sponsor of the activities, Plymouth Chamber of Commerce, Inc., and its respective servants, agents, officials, and all other participants in the stated activities of and from all claims, demands, actions, and causes of action of any sort, for injury sustained to my person and/or property during my participation in the stated activities due to negligence or any other fault. I further agree to protect, defend, indemnify and hold the Plymouth Chamber of Commerce, Inc. harmless from any and all liability, loss, damage, personal injury (including death), regardless of the severity or manner in which the injury is sustained, claims (including attorney's fees and expert witness fees), demands, causes of action of every kind and character, without limit and without regard to the cause or causes thereof or the negligence of any party or parties arising in connection herewith in favor of me, any employee of mine, any business invitees of mine and any guests of mine.

I certify that my attendance and participation in the stated activities is voluntary, and that I am not, in any way, the employee, servant or agent of the Plymouth Chamber of Commerce, Inc.

### I HAVE READ AND UNDERSTAND THE FOREGOING REQUEST AND RELEASE.

In witness whereof, I have executed this request and release at \_\_\_\_\_, Wisconsin, on \_\_\_\_\_, 2025  
(city you are in when signing) (today's date)

\_\_\_\_\_  
(sign name)

\_\_\_\_\_  
(print name)

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