



PROUDLY PRODUCED BY THE NAVARRO GROUP



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Food Concessions

Phone: 214.600.1533 (text for faster response) 469.412.2154 for Spanish

Email: navarro@navarrogrp.com or Norma@navarrogrp.com for Spanish

Please Print or type, the application must be filled out completely and signed.

Dallas: October 28, 2023 Dallas City Hall 2:00 p.m. – 10 p.m.

Company/Org Name: Phone:

Primary Contact Person: Email:

Address:

City: State: Zip: Cell (if different than above):

<u>PARTICIPATION FEE</u>		
10x10	\$850	\$
10x20	\$1,450	\$
<u>TOTAL:</u>		\$

NEXT STEPS:

- Review all instructions and complete the attached “Check List” and return both with this full application.
 - Full application is this form and attached “Check list”
- The attached “Check List” will detail rental requirements, credentials, hospitality and any and all special accommodations to ensure your participation is successful.
 - Approved Exhibitor applications with noted Check List, will then receive an invoice via email to the above contact from DDLM QuickBooks.
- Once the above “Application and Check List” are secured with confirmation of approved participation fee, a “Welcome Kit” will then follow, with all legal waivers, rules and regulations and instructions for the respective “Exhibitor Packet Pick Up” to be held the week prior to the respective main event(s).
- The above “Exhibitor Packet” will include, final floor plan assignments, credentials, parking passes and everything needed to again ensure a successful activation.
 - Please note additional City permits/requirements and fees may be required.
- Exhibitor fees can be refunded, on a case-by-case basis, pending committee approval; with the understanding that this is a “Rain or Shine” event and that mechanical, City of Dallas Permit or staffing issues are void from such refund policy.

Exhibitor Representative Signature: Print Name: Date:

Concessionaire Check List

Thank you for participating in the 2023 Dallas Dia De Los Muertos Parade and Festival as a Food Concessionaire. If all the below is approved, initial as noted, or make notes on the bottom of the form until all is approved.

As an Exhibitor, you are allocated the below:

10X10 Food Concessions: _____ Initial Here _____

- Maximum of Four (4) tables,
- Four (4) chairs,
- Electricity Two (2) 110v outlets,
- Two (2) parking pass,
- Four (4) exhibitor credentials.

10X20 Food Concessions: _____ Initial Here _____

- Maximum of Eight (8) tables,
- Eight (8) chairs,
- Electricity - Four (4) 110v outlets,
- Two (2) parking pass,
- Eight (8) exhibitor credentials,

Additional Requirements:

- All Food Concessionaires will be required to pull their own respective permits and be able to pass an onsite inspection on the day of the main event. Producers will only provide documentation stating approval to participate. Producers not responsible for final permits or red tickets and/or fees imposed by City inspectors.
 - Initial for approval: _____
- All Food Concessionaires must only sell Coca Cola portfolio of brands including water. Coca Cola will be on site to sell directly to each concessionaire. No product will be allowed into the festival site, unless purchased directly from onsite distributor. Aguas Frescas are exempt.
 - Initial for approval: _____
- All must bring own menu boards and are approved to use event logo, upon request.

Check List Continued:

Preferred Language of Communication: English: _____ Spanish: _____

Full Menu and Price Points: _____

MORE

Additional Electrical Rental Needs:

Please specify what you will be powering if additional power needs are necessary / *Necesidades de energía adicionales: Por favor especifique para que necesita energía adicional:* _____

Additional Cost of: _____

Additional Rentals:

If additional rentals are needed, please specify below. All rentals will be sourced by the event producers through our preferred vendor / *Rentas adicionales: Si se necesitan rentas adicionales, especifique. Todas las rentas serán provistos por los productores del evento através de nuestro proveedor preferido.* _____

Additional Cost of: _____

From Original Application:

Company/Org Name: _____ **Phone:** _____

Primary Contact Person: _____ **Email:** _____

Signature: _____ **Name:** _____ **Date:** _____

Official Use Only: _____ **Approved by:** _____

Additional Fees of: _____ **Billed:** _____ **Payment Received:** _____

NOTES: