



Dear Prospective Food and Beverage Vendors:

On **December 31, 2008**, Council Bluffs will host our newest annual tradition First Night Council Bluffs!

First Night® is an international event with a 33-year history, and celebrations taking place all over the United States, Canada, and New Zealand. It is a family-friendly public festival that marks the passage from the old year to the new with art, ritual and festivity, incorporating Community, Celebration, the New Year, and the Arts.

Council Bluffs is the only community in Iowa or Nebraska that will be celebrating First Night this year. It promises to be a truly unique experience, with artists, performers and vendors celebrating our distinctive culture and history.

First Night Council Bluffs activities will be held downtown, at multiple locations in and around Bayliss Park. Continuous entertainment will take place throughout the evening of December 31, 2008, beginning at 6:00 p.m. and culminating in a midnight finale.

We need outdoor food and beverage vendors to sell concessions to what we are anticipating will be about 6,000 community participants, as well as our many artists, performers and volunteers. Following is an application to take part in First Night as a vendor. The fee per vendor is \$150.00.

Further information and the required Health Department forms can be accessed by calling (712) 328-4601 or through our website: www.FirstNightCouncilBluffs.org.

We look forward to your participation in this exciting event. For more information, please contact Inky Westfall at (712) 328-4601.

Sincerely,

Inky Westfall
Co-Chair

Catherine DeMasi
Co-Chair

First Night
Council Bluffs
Executive Board:

Chair: Inky Westfall
Chair: Catherine DeMasi
Lynne Branigan
Kathy Fiscus
Don Gross
Tom Hanafan
John Allen
Laural Ronk
Ron TeKippe
Verne Welch



FirstNight® Council Bluffs 2009 Vendor Application

Name _____

Organization Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Signature _____

Products to be sold (please list food and beverages, including brand names, where applicable):

Product: _____	Price: _____
Product: _____	Price: _____
Product: _____	Price: _____
Product: _____	Price: _____
Product: _____	Price: _____
Product: _____	Price: _____
Product: _____	Price: _____
Product: _____	Price: _____

Please mail this application with a check for **\$150.00**,

payable to: City of Council Bluffs
P. O. Box 1871
Council Bluffs, Iowa 51502-1871

Checks will be refunded if the application is denied.
No application will be finalized without the appropriate Health Department permit.

Questions? Call (712) 328-4601
www.FirstNightCouncilBluffs.org