

2026 American Indigenous Arts Celebration

FOOD VENDOR APPLICATION

Dates: Friday, Nov. 6, 2026– Saturday, Nov. 7, 2026

Address: 34725 W. Boundary Road, Clewiston, FL 33440

Location: Big Cypress Reservation, Ah-Tah-Thi-Ki Museum Parking Lot (across the street from the Museum)

Name:
Company:
Address:
City: State: Zip:
Phone:
Email:
Website:
of employees attending:
Please check one:
☐ I am a member of the Seminole Tribe of Florida, 18 years or older - Member Number:
☐ I am a member of the following Federally Recognized Indian Tribe, 18 years or older:
Please check one:
☐ Food (*Applicants must attach copy of STOF food handlers permit)
☐ Food Truck (*Applicants must submit a temporary Food Vendor Application)
Description of food being sold:
Preferred Location (<i>preferences are not guaranteed</i>):



No Drinking Water, Ice, or Generator will be provided for *any* VENDOR



Vendors, please scan to
 sign up for text updates.

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FOOD VENDORS will be provided **limited** electricity to the max of 20 amps in the chickee area, *and must bring their own tent or set-up, potable (drinking or cooking) water or ice, and a fire extinguisher as required by their food service license.*

FOOD TRUCK VENDORS will be provided a parking space with no water or power sources. *They must bring their own tent or set-up as well as potable (drinking or cooking) water or ice, and a fire extinguisher as required by their food service license.*

Per food vendor booth space, additional tents are limited to three 10x10 tents at max. For tents bigger than 10x10, vendors are responsible to follow Seminole Tribe of Florida's permit guild lines.

Non-refundable booth fees must accompany the application to be accepted.
Space is limited! Please apply early to assure your spot.

Deadline to apply is September 11, 2026

Vendors will be allowed to set-up beginning at NOON on Thursday, November 5, 2026 and must be fully set-up and ready for business by 9:15 AM on Friday, November 6th. All vendor vehicles must be moved to designated parking following set-up. Tear down can take place beginning at 5:00 PM on Saturday, November 7th, and must be completed by 7:30 PM. *There will be no early tear down.* The Museum reserves the right to reject an application based on content or capacity and to assign booth location. Vendors are responsible for their own set up, tear down, sales and manning of booths.

Non-Refundable Booth Fees: **FOOD VENDOR..... \$300** **Food Truck.....\$50**

(NO commissions will be taken from sales)

ALL FOOD VENDORS must fill out the attached
Temporary Food Vendor Application
or provide their
Seminole Tribe of Florida Food Handlers Permit

My check or money order is enclosed. ____ (Make payable to Ah-Tah-Thi-Ki Museum)
Please charge my credit card. Check one: ____ Visa ____ Master Card ____ Discover

Card # _____	Exp. Date _____	CCV# _____
Name as it appears on the card _____		
Address _____	City _____	ST _____ Zip Code _____
Signature _____		

Mail application and payment to:
Ah-Tah-Thi-Ki Museum
C/O Meilin Figueroa
30290 Josie Billie Hwy. PMB 1003
Clewiston, FL 33440

Please contact either JoJo Osceola (Assistant Director), or Meilin Figueroa (Assistant Retail Manager) for more Vendor information:
JoJo Osceola, 863-902-1113 OR jojoosceola@semtribe.com
Meilin Figueroa, 863-902-1113, ext. 12232 OR meilinfofigueroa@semtribe.com



SEMINOLE TRIBE OF FLORIDA
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH PROGRAM
111 West Coral Way Hollywood Florida 33021
954-985-2330



TEMPORARY FOOD SERVICE VENDOR APPLICATION

Event Name: _____
Establishment Name: _____
Owner Name: _____
Owners Address: _____
Phone and Email: _____
Type of Food To Be Sold: _____

Names of people that will work in the Temporary Food Service Facility: (NO MINORS ALLOWED)

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Name of Individuals who are food certified:

_____	Date of Training: _____	Agency offering Training: _____
_____	Date of Training: _____	Agency offering Training: _____
_____	Date of Training: _____	Agency offering Training: _____

(If more space is needed please complete on back of form)

IF THERE IS NO ONE CERTIFIED ON BASIC FOOD SAFETY, ONE PERSON FOR EVERY THREE INDIVIDUALS IN BOOTH WILL
NEED TO TAKE TRAINING

Class will be offered by STOF on: _____

Period of Food Service Operation:

Start Date: _____ End Date: _____

As the owner/operator of this Temporary Food Service Facility, I hereby apply for a permit from the Seminole Tribe of Florida to operate my business on the Reservation. I have reviewed the requirements of the TEMPORARY FOOD SERVICE GUIDELINES of the Seminole Tribe of Florida and agree to comply with said guidelines.

I understand that failure to comply with any of the requirements of these Guidelines will result in the revocation of my Temporary Food Service Permit.

Owner/Operator

Date