Food & Entertainment Vendor Application

Event Date: Saturday, September 19, 2026
Set up 7am - 9am | Event 9am - 1pm
Downtown Enid, Oklahoma

- All vendors are solely responsible for meeting the requirements of the State Health Department. All licenses, permits and insurance are the responsibility of the vendor.
- The Greater Enid Chamber of Commerce cannot intervene on the vendors behalf with the City of Enid, State Health Dept. or Garfield County for any variance in rules or regulations.
- All vendors will be responsible for supplying garden hoses, catch buckets, trash bags and electrical drop cords.
- All vendors shall make a reasonable effort to maintain the booth and immediate area surrounding their respective booth space as it was prior to the event.
- SELECTION OF FOOD VENDORS WILL BE BASED ON DATE APPLICATION IS RECEIVED AND TYPE OF FOOD ITEM SERVED. The Cherokee Strip Celebration Committee has the right to refuse any request for sale of a specific food item or drink and will have final choice of the foods/beverages represented.
- **10% of the gross sales of the vendor will be paid to the Greater Enid Chamber of Commerce as booth rent**. **Payment is due day of event** unless other arrangements are made and must be received no later than 5pm on Tuesday, September 22, 2026. You are responsible for collecting sales tax of 9.10%. If you do not have a sales tax number, a representative of the Enid Chamber will collect and remit the tax to the Oklahoma Tax Commission on your behalf.
- The Greater Enid Chamber of Commerce and the Cherokee Strip Celebration Committee will not be responsible for any loss due to theft, accident, damage, inclement weather or other unforeseen circumstances occurring at the Cherokee Strip Celebration or the downtown Enid area.

Submit completed form by **September 10, 2026** to: Greater Enid Chamber of Commerce
in person 210 Kenwood Blvd. | by mail P.O. Box 907 Enid OK 73702 | email lori@enidchamber.com
Applicants will be notified by email of their acceptance status by September 15, 2026.
For addtional information contact Membership & Special Events Director, Lori Coonrod at 580.237.2494 or lori@enidchamber.com

2026 Cherokee Strip Celebration Food & Entertainment Vendor Application

Name of Business/Organization: _____ Sales Tax #:_____

Contact Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____Will you require electricity? Yes No

Please provide a detailed menu selection including beverages with application or list items below:

_____

_____

_____

I confirm that I have received, read, and agree to comply with all applicable rules and regulations. **I understand that 10% of gross sales are due to the Greater Enid Commerce the day of the event** or by arrangment no later than Tuesday, September 22, 2026.

Signature: _____ Date: _____

2026 CHEROKEE STRIP CELEBRATION
VENDOR TAX INFORMATION / HOLD HARMLESS AGREEMENT

Name of Business _____

Contact _____ Phone_____

Email_____ Multi Level? Yes No

Address _____

City _____ State _____ Zip _____

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

_____ My Oklahoma Sales Tax Permit Number is _____. I will pay 9.1% of my total sales to the Oklahoma Tax Commission myself. Number provided must be your Oklahoma Sales Tax Permit number and NOT your Federal Income Tax Number.

_____ I do not have an Oklahoma Sales Tax Permit Number. I will submit a VENDOR DAILY SALES TAX REPORT to a Chamber representative along with payment of 9.1% sales tax. They, in turn, will pay the Oklahoma Tax Commission on my behalf.

Make checks payable to: The Greater Enid Chamber of Commerce.

If you have questions about your tax status or if you are required to pay tax contact:

Oklahoma Tax Commission
1-800-522-8165

I agree to hold the Cherokee Strip Celebration Committee, Greater Enid Chamber of Commerce directors, board, employees and agents harmless and indemnify the Cherokee Strip Celebration Committee for any injury caused by an act or omission related to, occurring at, or arising from the aforementioned programs.

Signature _____ *Date*_____