

YELLOW SPRINGS
Street Fair
 June 13, 2009 9:00 am – 5:00 pm

**Local
 Vendor Application**

Business/Organization _____	Chamber use only
Name _____	Member _____ NP _____
Mailing Address _____	Food ___ Elec ___ H2O ___
City, State, Zip _____	Date _____
Phone (day) _____ Phone (cell/night) _____	Check # _____
E-mail _____	Amt. \$ _____
Website _____	Booth _____

If returning, previous Street/Booth # _____ # of Times _____ Last Time _____

VENDOR BOOTH FEE: \$75 ea; Non-Profit (limit 1) \$35

Will you sell home-made packaged food items? **Y N**

Number of spaces _____ (x \$75/\$35) \$ _____

Chamber Member Discount (Deduct \$10) \$ _____

FOOD VENDORS ONLY: Must provide Certificate of Insurance!

Trash/Cleanup Fee (required for all) \$ **25**

Water Fee; Add \$25 \$ _____

Electric Fee; Add \$25 \$ _____

Will you use a generator? **Y N** Can generator be shared? **Y N**

TOTAL AMOUNT ENCLOSED: \$ _____

- **Payments:** will be deposited upon acceptance of application.
- **Refunds:** given until May 19, 2009, minus a \$25.00 processing fee.
- **Insufficient Fund Checks:** payment including a \$25 fee must be made in cash within 3 days of notification to maintain space.

Full Description of items being sold!
 Include **photos** of all items, except food. The YS Chamber reserves the right to restrict the sale of merchandise not fully disclosed in application.

Made by Vendor _____

Imports _____

Retail/Distributor _____

Food _____

Promotional _____

Other _____

Please complete and sign this application. Include check in the proper amount made out to Yellow Springs Chamber. Mail to: **Street Fair Application, Yellow Springs Chamber of Commerce, 101 Dayton St., Yellow Springs, OH 45387**

I/We, the undersigned, representing the business, organization or individual indicated, agree to abide by stated rules. I/We further agree to indemnify and hold harmless the YS Chamber of Commerce & the Village of Yellow Springs, its officers, agents, employees, volunteers and persons acting in their behalf from and against any and all claims by representatives of the business, organization, or individual, including their customers, and from and against all costs, counsel fees, expenses and liabilities incurred in connection with any such claim, action or proceeding brought therefrom.

By: _____ Date: _____

Business/Organization Name: _____

