

VENDOR APPLICATION



Event Date: Sat. October 5
Time: 10am – 4pm
(setup 8:30am)
Cost: \$20 per 10x10 spot
\$50 if political
(\$15 late fee if registered after 9/28)

- This is an outdoor event. Please bring your own tables, chairs and tent, they will not be provided.
- The fee is a non-refundable donation to the Elsie Area Food Pantry. In the event the festival must be canceled, you will receive a full refund.
- Direct sales companies are allowed. Distributors will be accepted on a first come, first served basis.
- Contact Sue Peterson (suepeterson.sep@gmail.com or text 989-928-2121) with questions.
- **Registrations submitted after September 28th will incur a \$15 late fee.**

Submit both pages of this form **with payment in full by 9/28 to avoid a \$15 late fee.**

Name: _____ Date: _____

What are you selling? _____

Company name (if applicable): _____

Phone number: _____ Email: _____

Address: _____

of spots: _____ Total Due: \$ _____

Online payment options: PayPal - elsieareafoodpantry@gmail.com
Venmo - @elsieareafoodpantry
Zelle - Elsie Area Food Pantry

Make checks payable to: Elsie Area Food Pantry
Send form (and check) to: Attn: Sue Peterson
Elsie Area Food Pantry
PO Box 311
Elsie MI 48831



Vendors are responsible for their own sales tax and cover such matters with the State of Michigan.

Vendors are encouraged to carry their own liability insurance policy for the event. Vendor acknowledges and understands that the **Elsie Fall Festival** and **Elsie Area Food Pantry**, all its partners, affiliates and sponsors shall be held harmless under all circumstances for any claims filed against such vendor. The **Elsie Fall Festival** and **Elsie Area Food Pantry** will have no responsibility for lost or stolen merchandise on premises during our event or any other claims made by 3rd party. Vendor understands and agrees to operate with liability insurance or at your own risk and by no means can hold any party responsible for its claims or losses other than vendor itself.

Food vendors **must** carry their own commercial liability insurance and **provide proof** at the time of registration (please enclose if this applies).

Please sign below to indicate you have read and agree.

Vendor name: _____

Company (if applicable): _____

Signature

Date