

2016 CULVER FALL FEST VENDOR APPLICATION

Contact: Cheryl at 574-229-7657

Organizer: Culver Chamber of Commerce Retail Merchants

DATE: Saturday , October 8, 2016--11:00 a.m. to 5:00 p.m.

LOCATION: Downtown on Main between Washington & Madison, Culver, IN

Registration Fee: \$25.00 per booth space.

Registration Fee for Chamber Members: \$15.00.

If you are not yet a member of the Chamber and we would love to have you join. You may do so by visiting www.culverchamber.com.

Registration fee must accompany application.

Forms and fee must be returned by **Sept 16, 2016**.

All Hand-Crafters are welcome to apply. So as not to duplicate products, priority will be given to Culver merchants, members of Culver Chamber of Commerce or a Culver Not-For-Profit. Space is limited so do not delay in registering.

Display Booths: 10 X 10 space provided - Booth (trailer, tent, tables, chairs) to be provided by exhibitor. No electricity is available.

Vendor should have enough product to sustain 6 hours of sales.

Setup: 9:00 a.m. – 10:30 a.m

No vehicles will be allowed in the vendor area between 10:30 a.m. and 5 p.m. for visitor safety. Teardown 5-6pm

Food, activities and restrooms will be available on site the day of the event.

Advertising for the event is handled by the Culver Chamber of Commerce.

Signature on returned application indicates agreement to terms stated herein.

FOR MORE INFORMATION: 574-842-LAKE (Chamber Office) or Cheryl at 574-229-7657.

Our mission: To strengthen our commercial/retail/shopping community keeping our businesses healthy and profitable. Offering local charities an opportunity for fundraising options. In essence to showcase our locally owned businesses, local artists and craft foods.

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11:00 A.M. – 5:00 P.M on OCTOBER 08, 2016

Name _____

Business/Organization Name _____

Street _____

City _____ State _____ Zip _____

Telephone # _____ Cell # _____

Email: _____

Indiana Sales Tax # _____

Category (circle) Craft / Activity / Food Non-profit: (circle) YES or NO

Product(s) Sold: _____

Are you a current member of Culver's Chamber of Commerce: (circle) YES or NO

\$25 for Non-Chamber Members/ \$15 for Chamber Members (discount)

of spaces _____ x \$ _____ = \$ _____

Issue check to: Culver Chamber of Commerce, P.O. Box 129, Culver IN 46511.

IF ACCEPTED, WE ACCEPT FULL RESPONSIBILITY FOR ALL LIABILITY FOR DAMAGES TO PERSONS OR PROPERTY ARISING OUT OF OUR USE AND OCCUPANCY OF THESE PREMISES. WE FURTHER UNDERSTAND THAT THE PREMISES BEING USED ARE THE PROPERTY OF THE TOWN OF CULVER. WE ALSO UNDERSTAND THAT THE CHAMBER AND THE TOWN DOES NOT ASSUME ANY RESPONSIBILITY FOR DAMAGES OR LOSSES THAT MAY OCCUR TO THE VENDOR, ITS EMPLOYEES, ITS AGENTS, OR ITS PROPERTY BY REASON OF ITS OCCUPANCY. WE FURTHER AGREE TO INDEMNIFY THE CHAMBER OF COMMERCE and TOWN OF CULVER FOR ANY AND ALL DAMAGES WHICH THEY MAY INCUR DUE TO OUR USE AND OCCUPANCY OF THE PREMISES. ONCE ACCEPTED, NO REFUNDS WILL BE ISSUED.

WE FURTHER UNDERSTAND THAT NO FOOD OR BEVERAGE SALES ARE ALLOWED IF WE ARE NOT AN EXISTING LOCAL MERCHANT WHO IS A MEMBER OF THE CHAMBER. EXEMPTIONS MAY BE ALLOWED FOR NON-PROFIT AND CHARITABLE ORGANIZATIONS THAT WISH TO SELL FOOD.

Signature of Applicant : _____ Date _____

Received by: _____ Check # _____ \$ _____ Date: _____