

SENECA FALLS LOCKTOBERFEST 2017 VENDOR/EXHIBITOR APPLICATION

TO RESERVE SPACE(S) FOR LOCKTOBERFEST 2017, PLEASE COMPLETE AND RETURN THIS FORM

NAME OF ESTABLISHMENT: _____

PERSON TO CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____ EVENING: _____

NUMBER OF SPACES REQUESTED _____

DESCRIBE YOUR MERCHANDISE/SERVICE/ACTIVITY:

FEES (Please Check Appropriate Category):

Paid by 9/22

FOOD / WINE-BOOTH..... \$75
(Permits available from the Seneca County Health Department no less than 30 days prior to the event)

RETAILER BUSINESS..... \$25

GROUP/ORGANIZATION (Non-Profit) MERCHANDISE/SERVICES..... \$25
(example: Face painting, Fundraising sale, Merchandise/Clothing)

GROUP/ORGANIZATION (Non-Profit) NON-MERCHANDISE FREE
(may include: Distribute information, Receive donations, Sell tickets for future event)

(Note: NPO's may request only one space at the discounted rate. Additional spaces may be purchased at the non-food retailer business rate)

Please make your checks or money orders payable to and mail to:

SFBA/LocktoberFest, P.O.B. 388, Seneca Falls, NY 13148

Number of Booths: _____ TOTAL FEE : _____ Check #: _____

I have read and understand the rules and regulations and agree that my organization and any individuals representing said organization at LOCKTOBERFEST 2017 Festival will abide by said rules and regulations.

I further agree that I will hold SF LocktoberFest or its affiliates harmless for any injuries, damages or losses sustained to any of my and/or my business organization's equipment materials and/or supplies during the period said equipment, materials and/or supplies shall be placed at the event site in connection with the above event.

THE SIGNATURE OF PARTICIPANT SHOWN BELOW INDICATES AGREEMENT WITH ALL REQUIREMENTS LISTED IN THE VENDOR INFORMATION FORM

SIGNATURE OF AGREEMENT: _____
(Please Sign Here)