

## Booth Application

# Taste of the Bay

July 15, 2019 6:00 – 9:00p

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| Applicant Information | | | | | | | | | | |
| Business Name | | |  | | | | | Contact Person | |  |
|  | | | | | | | |  | |  |
| Address: |  | | | | | | | | |  |
|  | | Street Address | | | | | | | |  |
|  | | City | | | | | | | State | ZIP Code |
| Phone: | | | | ( ) | | Email: |  | | | |
|  | | | | | Web Address: | | | | | |
| 8 x 8 Booth space. Electricity?\_\_\_\_\_\_ Please define the amount of electrical usage as Light, Medium or High  Description of food you will be serving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applications can be emailed to [dsm@dsmchamber.com](mailto:dsm@dsmchamber.com) (228) 392-2293 | | | | | | | | | | |
| Assumption of Risk and Indemnity Agreement | | | | | | | | | | |
| I, (we) the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as part of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In consideration for renting, leasing or otherwise using the facility, agree to assume full responsibility and liability for and all risk if loss by theft, vandalism, destruction, or otherwise, of any and all items of personal property belonging to the owner/business thereof while in and about said facility, regardless of whether or not said loss relates to, or arises out of the use of said facility and, in addition, said owner/business agrees to indemnify and hold the D’Iberville/St. Martin Area Chamber of Commerce, City of D’Iberville, and Harrison County its agents and servants, and employees harmless from and against all claims and expenses for same, including attorney fees. | | | | | | | | | | |
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| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |