

Saturday, December 12, 2020

WHEN:

## Yule of Yesteryear Holiday Festival

## NON-PROFIT, GOVERNMENT AGENCIES & CLUBS APPLICATION

10 a.m. - 4 p.m.

WHERE:	Heritage Museum of Northwest Florida & Perrine Park, Valparaiso, Florida
FEE:	\$15 for Non-Members; \$10 for Museum Members (Add \$5 for electricity)
SPACES:	Space is available on a first come, first serve basis.  Tent, booth, tables and equipment must be provided by vendor.
You will receive of through Saturday  New Vendor:   Type of group:   You will receive of through Saturday	<ol> <li>Exclusive rights for some beverages belong to the Museum and selected community partners. Please verify with Museum Staff what beverages you are permitted to sell.</li> <li>On-site overnight camping or overnight hookups are not permitted.</li> <li>Food concessionaires must be set up and vehicles moved before 9:00a.m. on festival day. Parking is available on nearby streets.</li> <li>Concessionaires must stay the full seven hours of festival.</li> <li>Silent auctions, drawings, raffles, etc. are not permitted by an exhibitors or concessionaires without pre-approval from the Heritage Museum Assoc., Inc.</li> <li>Concessionaires must abide by these rules and regulations. The signature below indicates that you release and forever discharge the Heritage Museum Assoc., Inc., its Trustees, Employees and Volunteers, and the City of Valparaiso, from any responsibility, personal liability, loss, claims or damages arising out of or in connection with this event.</li> <li>Concessionaires will be asked to remove from sale any food and drinks that were not pre-approved by the Heritage Museum of Northwest Florida Events Committee.</li> <li>The Museum's Events Committee reserves the right to refuse applications.</li> <li>NO Rain Date. Fees are a donation to the Museum, and are non-refundable and non-transferable.</li> <li>SPACE IS LIMITED – PLEASE RESPOND PROMPTLY!</li> <li>Ter completed form &amp; payment to: HMNF - 115 Westview Ave., Valparaiso, FL 32580. Space of the part of the par</li></ol>
	Group Name:
	City: State: Zip:
Email:	Telephone:
Signature of Vene	dor/Business Owner: X Amount Enclosed:

For Staff Use Only: DATE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ Cash, Check # \_\_\_\_\_, MC / VISA