

**APPLICATION PURE MARKETS
OCEAN ISLE BEACH MEMORIAL DAY MARKET
MONDAY MAY 27 2019 - 10:00A to 3:00P**

Applicant(s) Name(s)

NC Tax ID #(no app will be considered without a printed copy)

Tax ID# _____

of booth spaces desired _____

Additional Comments _____

Business Name (if applicable)

Apps due ASAP. Limited space available

Mailing Address

**PURE MARKETS
VENDOR ACKNOWLEDGEMENT**

I, _____

City _____

Doing Business As (DBA) (if applicable)

State _____ **ZIP** _____

Phone Contacts _____

Email Address

Web Page www. _____

Description of Products to be sold

_____ have read and agree to abide by the Rules&Guidelines of PURE MARKETS. In addition, I acknowledge the "Hold Harmless Clause and Insurance" and hereby and forever discharge PURE MARKETS and Ocean Isle Beach of all manner of actions, suits, damages, claims and demands whatsoever in law and equity, from losses or damage to the signer's property while in possession, supervision or auspices of PURE MARKETS. No fee refunds.

Print Name _____

Signature _____

Date _____

