

Addison Days Celebration 2025 VENDOR FORM

WHEN: July 19, 2025

Please RETURN BY: July 12, 2025

VENDOR BOOTH REGISTRATION FORM

VENDOR INFORMATION

Vendor Name and Owner First and Last Name		EVENT DATE
		July 19, 2025
Mailing Address		Event Point of Contact
		Amber Robinson, Chair
EVENT ADDRESS		EVENT POINT OF CONTACT EMAIL
334 Water St, Addison Me 04606		addisondayscommittee@gmail.com
PHONE	Email	Is Water or Electric Needed? YES or NO
Booth Type. Food, Drink, Craft, etc.		Size of Trailer or Tent

VENDOR SPACE INFORMATION

SIZE OF VENDOR SPACE	BASE COST	Please Check Here the Space You Are Registering For
10x10	\$20	
20x20	\$40	
Food Trailer		

***The vendor space fee is nonrefundable and must be paid at the same time application is received to complete registration* If no money is received we will not hold your spot.**

Hold Harmless and Indemnification Agreement:

For and in consideration of my participation in the Town of Addison, Maine "Addison Days 2025 Event", the undersigned hereby covenants and agrees for the undersigned, the unsigned heirs, executors, administrators, personal representatives, successors, and assigns, jointly and severally, to at all times save harmless and keep indemnified the Town of Addison, Maine, its successors and assigns, against any and all claims, suits, actions, debts, damages, costs, charges and expenses, including Court costs and attorney's fees, at law or in equity, and against all liability, losses, and damages of any nature whatsoever, which the Town of Addison, Maine, or its successors and assigns, shall or may at any time sustain

or be put to by reasons of my participation in the Town of Addison, Maine "Addison Days" Event.

Each vendor will be responsible for having any licenses required by the state and insurance of their own. The Town of Addison and the Addison Days Committee will not be held responsible for any and all claims made about any vendor. Vendors that need electricity will be required to bring their own cords. In a bind the Addison Days Committee can provide cords, but we only have a limited supply.

CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of event registration for vendors.

NAME	TITLE
SIGNATURE	DATE

Return the Application to:

C/O Addison Days Committee
Town of Addison
PO Box 142
Addison, ME 04606
addisondayscommittee@gmail.com