**Main Street Fayette (MSF)**

Vendor Application

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|  | Food Vendor $75 |  | Non-Food Vendor $25 |  | Non-Profit (must provide Tax ID#) $10 |

Booths are 10’x10’ unless otherwise arranged

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| Applicant/Organization: |  | | |
| Mailing Address: |  | | |
| City/State/Zip: |  | | |
| Contact Name: |  | | |
| Phone: |  | Email: |  |
| Alternate Contact: |  | | |
| Phone: |  | Email: |  |

Choose one (1) of the following:

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|  | Applicant is a Charitable NOT FOR PROFIT organization Tax ID Number |
|  | Applicant is a FOR PROFIT business or individual |

What items or products will you sell or promote in your booth (be specific)?

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| Do you have an Ohio vendor’s license? | | | | |  | | | | Yes | |  | | | | | No | license # | | |  |
| Are you using a standard pop-up 10x10? | | | |  | | | | Yes | | | |  | | | No | | | | If No, please send a picture of your booth with this application. | |
| What is the ACTUAL SIZE? |  | ft wide | | | | |  | | | ft long | | |  | | | | | ft deep | | |
| What additional space do you require outside of the tent space? | | |  | | | ft adjacent | | | | | |  | | ft behind | | | | | | |

Please describe any special requirements:

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What type of waste product will your booth generate? (example: grease, charcoal, gray water, cardboard, etc.)

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All waste generated by vendor must be removed by vendor or deposited by vendor in designated dumpster determined by MSF. Charcoal waste must be removed by vendor and taken off site. No charcoal waste can be placed in dumpster or street trash containers. Street/sidewalk surfaces must be left clean of any food or cooking residue at close of event.

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| Please indicate if you will need: |  | Water |  | Electricity (Complete Electrical Info Section) |

I understand that the location of my booth may be changed by MSF to facilitate the best operation of the event and the operation of my booth is subject to City Ordinances, City Fire Marshall, Police Department or County Environmental Health Department guidelines and standards.

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| Signature of Applicant |  | Date |

Questions: please contact the MSF Director of Vendors & Entertainment, Angela Williams-Gebhardt at (310) 384-4744 or via email at [mainstreetfayettewch@gmail.com](mailto:mainstreetfayettewch@gmail.com)

Make checks payable to Main Street Fayette. Payments and applications can be mailed or dropped off at Village Homestead, 210 E Court Street, WCH, OH 43160. Hours: Thur-Sat 10am-5pm or Sun 12-4pm

**Electrical Information Section**

Please list all electrical equipment to be used during the event. NO voice amplification equipment such as bullhorns or loud speakers will be permitted.

Because of limited access to power sources on the streets downtown, vendors must supply enough cord to reach the source MSF provides. Vendors must use a UL cord made for outdoor use of the “U” GROUND TYPE.

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| Equipment Description | Voltage | Watts | Amps |
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**Vendor Release and Waiver of Liability Form**

This Release and Waiver of Liability (the “release”) executed on      (date) by       (“Vendor”) releases Main Street Fayette, (“Nonprofit”), a nonprofit corporation organized and existing under the laws of the State of Ohio and each of its directors, officers, employees, and agents. The Vendor desires to provide services for Nonprofit and engage in activities related to specific Nonprofit events.

Waiver and Release: I, the Vendor, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing vendor services.

Insurance: Further, I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.

Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a vendor with Nonprofit.

Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to, moving, setting up, and breaking down equipment and erecting tents, involving inherently dangerous activities. As a vendor, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.

Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing vendor services to Nonprofit.

Other: As a vendor, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Vendor Authorized Signature Date