

## Vendor Application

### Contact Information

Business Name	
Contact Name	
Street Address	
City, State, ZIP	
Work Phone	
Cell or Home Phone	
E-Mail Address	

### Detailed Description of Business / Craft *\*more room on back of application*


### Booth Space (10' by 10' spaces)

Please list booth ID you had last year \_\_\_\_\_. Are you interested in same space? Yes or No

**Vendor Type** (Please Select one):

<input type="checkbox"/> <b>Retail</b> <input type="checkbox"/> <b>Promotional</b>	<input type="checkbox"/> <b>Food</b>
<input type="checkbox"/> \$75 for Profit <input type="checkbox"/> \$65 for <b>Non-Profit</b> <i>(*must send proof of non-profit status)</i>	<input type="checkbox"/> \$110 for Profit <input type="checkbox"/> \$75 for <b>Non-Profit</b> <i>(*must have proof of non-profit status)</i> <input type="checkbox"/> Electric Required Type of food(s) sold: _____

**Calculate Costs:** (*\*Rising Sun Chamber members receive 20% discount*)

Number of required spaces \_\_\_\_\_

Spaces \_\_\_\_ X Space Cost \_\_\_\_ = Total Cost \$\_\_\_\_\_ (**Total amount enclosed with Application**)

### Person to Notify in Case of Emergency

Name	
Street Address	
City, State, ZIP Code	
Cell Phone	
Work Phone	



SUNFEST 2019

**LIABILITY WAIVER**

I, the registrant or parent/guardian of the registrant agrees that I will abide by the rules of Rising Sun Chamber of Commerce as set forth in the invitation to participate letter. Recognizing the possibility of physical injury associated with the activity and in consideration of Rising Sun Chamber of Commerce, the Sunfest Committee, the Community Fire Company of Rising Sun, the Town of Rising Sun and the employees, officers, directors, agents, successors and assigns of said parties from any claims resulting from the registrant’s participation in the event. I acknowledge that Rising Sun Chamber of Commerce does not carry accident and health insurance and assure Rising Sun Chamber of Commerce that the registrant is fully covered by medical insurance.

**Important Notes**

**You are responsible for collecting and submitting the 6% Maryland Sales Tax. Valid trader license should be present were applicable.**

This year's Sunfest will be on **June 1, 2019**. Again, there will **NOT** be a rain date. We will attempt to assign the same space for returning vendors however it is first come first served.

**APPLICATION AND PAYMENT DUE BY MAY 25, 2019**

**Mail to:**

**SUNFEST 2019  
P.O. Box 983  
Rising Sun, MD 21911**

**do's & don'ts:**

1. Please, no cans of silly string or other items that can create a nuisance, be abused or create unnecessary trash.
2. Remember that this is a family event; the Sunfest Committee reserves the right to request that any items not deemed to be suitable for viewing by all ages be removed from your display(s).
3. We ask that each vendor be responsible for cleaning up their respective areas at the end of the day. Set up will begin at **6:30 AM** and break down will not start until **4 PM**.
4. No vehicles will be allowed back in the area until after **4 PM**

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	