**MAYOR**

Travis Marion

**COMMISSIONERS**

Pauline Braun

Augie Pierson

Dave Warnick

Emilie Kleiner

**TOWN ADMINISTRATOR**

Calvin A. Bonenberger Jr.

# TOWN OF RISING SUN EVENT VENDOR APPLICATION

**Contact Information:**

|  |  |
| --- | --- |
| Business Name: | Contact Name(s): |
| Address: |  |
| Contact Ph: |  |
| Email Address: |  |
| Emergency Contact: |  |
| Description of Business, Craft |  |

**Select Town Event – Choose 1 or both events:**

|  |
| --- |
| Spooktacular Date: Saturday, October 12, 2024 Time: 11am - 4pm  Booth Space (10’ x 10’ spaces) - Number of Spaces: \_\_\_\_\_\_\_\_\_ at $60 per space = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Winter Extravaganza Date: Saturday, December 14, 2024 Time: 4pm - 8pm  Booth Space (10’ x 10’ spaces) - Number of Spaces: \_\_\_\_\_\_\_\_ at $60 per space = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Vendor Type (please select one):**

|  |
| --- |
| Retail Food |
| For Profit Non-Profit - Must submit proof of non-profit status.  If food, type of food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# LIABILITY WAIVER

I, the registrant or parent/guardian of the registrant agrees that I will abide by the rules as set forth in the invitation to participate letter. Recognizing the possibility of physical injury associated with the activity and in consideration of 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 does not carry accident and health insurance, and assure Rising Sun 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 where applicable. Vendors will be taken on a 1st come 1st serve basis. Please send your application in early along with payment so you will have a spot. Please report to the Welcome Table upon arrival.

## 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 Town of Rising Sun 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 approximately 2-3 hours before the event’s start time and breakdown will not begin until the end time of event.
4. No vehicles will be allowed back in the area until 1 hour after the event ends, this provides time for all vendors to clean up without traffic interruptions.

**APPLICATION & PAYMENT DUE PRIOR TO EVENT TO SAVE YOUR SPACE**

|  |  |
| --- | --- |
| **MAILING ADDRESS** | **IN-PERSON DELIVERY ADDRESS** |
| Town of Rising Sun  ATTN: Event Coordinator  P.O. Box 456  Rising Sun, MD 21911 | Town of Rising Sun  ATTN: Event Coordinator  1 E Main Street  Rising Sun, MD 21911 |

## AGREEMENT & 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 participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_