

SWEET HOME DOWNTOWN SALE*abration*

Saturday - August 14

8:30 am to 4:00 pm

2010 Vendor Application

Thank you for your interest in becoming a vendor at the 2010 SWEET HOME DOWNTOWN SALE*abration*. Please complete this form and submit with all required fees, permits and insurance **by Monday July 26, 2010**.

Vendor _____ **Contact Name** _____

Product _____ **Mailing Address** _____

Phone _____ / _____ **Email** _____

Fees: \$25 per 10x10 space x _____ \$40 per two 10x10 spaces x _____ \$10 per table, limit 2 x _____ Amount Paid \$ _____

Rules & Regulations:

Food Vendors will be required to submit a Certificate of Liability Insurance that meets the standards set by the City of Sweet Home.

Food Vendors will be required to submit a food license by the Linn County Department of Health. For additional information, contact the Linn County Department of Health at 541-967-3821 or toll free 1-800-304-7468.

Wine Vendors will be required to submit an OLCC license. For additional information, contact OLCC at 1-800-452-6522 x Salem office.

Vendor will be assigned their space(s).

No move-in or move-out during SALE*abration* hours. Set-up time / 6:30 am – 8:00 am.

Vendor agrees to occupy assigned space and to be staffed during SALE*abration* hours.

Vendor shall remove all merchandise and debris at the close of the SALE*abration*.

Event sponsors will send to Vendor an information packet that includes the following: a map of assigned space(s); a parking pass; a Vendor badge; Vendor Checklist; a notice of Vendor and event staff meeting the evening before the event.

Refund Policy: The fee will not be refunded if a registered vendor does not participate or cancels.

Initial _____ **Date** _____

Sponsored By:

SHARE Sweet Home Active Revitalization Effort & **SHEDG** Sweet Home Economic Development Group.

I do hereby release, discharge and agree to hold Sweet Home Active Revitalization Effort (SHARE) and Sweet Home Economic Development Group (SHEDG) harmless from any and all claims, liabilities, damages, losses, or expenses arising from or caused by any hazard, whether or not covered by insurance, resulting from or related to my activities with the SALE*abration*.

Print Name _____ **Signature** _____ **Date** _____

Make Checks Payable To: SHEDG

Submit To: SHARE / P.O. Box 871 Sweet Home, OR 97386

The New Era / 1313 Main St. Sweet Home, OR 97386

Mr. Lucky's Deli / 1207 Long St. Sweet Home, OR 97386