



2017 City of Lynn Haven Vendor Form



(Revised 02-02-2017)

Date	Event/Location	Time	Power Y/N
07-04-2017	Sharon Sheffield Park (901 Ohio Avenue)	9:00 A.M.- 1:00 P.M.	
	A.L. Kinsaul Park (1200 W. 5 th Street)	5:00 P.M. -9:00 P.M.	

Organization/Company: _____ Tax I.D. # _____

Vendor/Owner/Representative Name: _____

Mailing address: _____ City: _____ Zip Code: _____

Phone number: _____ Alt: _____

Email Address: _____ List ALL items to be sold: _____

For vendors requesting power, please indicate # of Amps required _____

Do you have a trailer? _____ Do you serve out of the: SIDE or END?

If yes, will it fit into a 12 ft. X 12 ft. space including tongue? _____

Set-up begins 2 hours prior to the advertised event. If you require more than 2 hours for set up or have a trailer unit, please speak with the Event Coordinator. All vehicles must be unloaded and removed from the interior of the venue by 1 hour prior to the advertised event start time.

Spaces are **limited** and are assigned on a first come, first serve basis. Rental fees are as follows:

_____ \$40.00 per 12 x 12 ft. space-NON-ELECTRIC

_____ \$55.00 per 12 x 12 ft. space-ELECTRIC

Refund policy: We will only grant refunds if the event is a **complete rain-out** and is defined as “imminent weather” causing the event to be cancelled by the City of Lynn Haven. If this occurs, you will be notified by City of Lynn Haven staff on the day of the event.

Signature of Vendor _____ Date _____

Office use only:

Date Paid:	Amount:	Check # _____ Cash	Rcpt. #
------------	---------	--------------------	---------

Please initial each line:

1. ____ You will be notified by phone if you **ARE NOT ACCEPTED**. (Due to redundant items, services or a full venue.) Your vendor fee will be refunded.
2. ____ Vendors are responsible for collecting sales tax (state plus applicable local discretionary sales surtax) on each taxable transaction. For more information please visit http://dor.myflorida.com/dor/taxes/sales_tax.html.
3. ____ There is **NO** exclusivity of products. We will make every effort to limit the amount of duplicate products.
4. ____ **Rain Policy:** We will only grant refunds if applicable when the event is a **complete rain-out** and is defined as imminent weather causing the event to be canceled by the **City of Lynn Haven**. If this occurs, you will be notified by a City of Lynn Haven staff member on the day of the event.
5. ____ Vendors are expected to remain open during official event hours. Closing early negatively affects your neighbors and the entire venue. If for some reason you **must** leave before the event is over, you must **walk** your merchandise from the area.
6. ____ Be sure all equipment and extension cords (minimum 12 gauge & 25 ft. unless you are told otherwise) are in good working condition. *Please bring your own set up equipment (tables, chairs, canopies, etc.)
7. ____ **We accept cash or check only for vendor payment.** Please make checks payable to: City of Lynn Haven. To mail vendor form and payment please mail to: City of Lynn Haven, Attn: Leisure Services/Special Events, 825 Ohio Avenue, Lynn Haven, FL 32444.

For additional information please call Tracy Johnson-Event Coordinator at 850-271-5547 Monday-Friday 7:00 A.M. – 4:00 P.M. or email tjohnson@cityoflynnhaven.com.

HOLD HARMLESS, INDEMNIFICATION AND INSURANCE

The vendor agrees that he/she will indemnify and save harmless the City of Lynn Haven and all employees from any and all liability claims, damages, losses, expenses (including attorney's fee), proceedings and agrees that he/she will, at his/her own expense, defend and all actions, suits or proceedings which may be brought against the City in connection with the vendor. The vendor agrees that he/she will satisfy, pay and discharge any and all judgments that may be entered against the City in any such action or proceeding.

Vendor Signature:

PRINT NAME:

DATE:
