



City of Lynn Haven

(10 a.m. – 2:00 p.m. April – Nov. Sheffield Park)

2018 Market Day Vendor Application

Applicant Information

Name: _____
Last First Organization/Company Name

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone Number: () _____ Alt. Phone Number: _____

Email Address: _____
You will be contacted by the email address provided regarding your application status.

Important Information

This application does not guarantee you a spot in the event. You will be contacted if you have been selected to participate in the event. Spots are limited and applications are selected based on a first come first serve basis. The Event/Communication staff will have the authority as to what products may be sold and final placement of all vendors. Only those submitting all documents and completely filling out the application will be considered for a vendor spot. Market Day will occur on the first Saturday of each month; it starts in April and ends in November.

Vendor Category (Required: Please provide a visual or menu of the products you will be selling & set up.)

- | | | |
|--------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Bath & Body | <input type="checkbox"/> Produce |
| <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Décor/Woodwork | <input type="checkbox"/> Other |

If you serve out of a vehicle or trailer, do you serve out of the:

- | | | |
|------------------------------|-------------------------------|---|
| <input type="checkbox"/> End | <input type="checkbox"/> Side | <input type="checkbox"/> Does not apply |
|------------------------------|-------------------------------|---|

Vendor Fee is \$25 per each date you participate.

(Fees will not be collected until you have been contacted for approval.)

Please ONLY check the dates you are available to participate at the Event:

| | | | | | | | |
|--------|--------|--------|--------|--------|--------|---------|---------|
| 4/7/18 | 5/5/18 | 6/2/18 | 7/7/18 | 8/4/18 | 9/1/18 | 10/6/18 | 11/3/18 |
| | | | | | | | |

Text LHEVENTS to 84483 to receive Events notifications from City of Lynn Haven.

(i.e. when vendor forms become available and event dates become available.)

How did you hear about this Event?

- Newspaper
- Facebook
- Friends/Family
- Radio
- Twitter
- City Website
- Other _____

Please initial each line:

1. ____ If you are approved you will receive a confirmation email or phone call. Your payment **MUST** be turned in on or before the Friday before the market.
2. ____ There will be no special requests for location of your booth space unless you have a medical or health condition.
3. ____ 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.
4. ____ There is **NO** exclusivity of products.
5. ____ **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.
6. ____ 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.
7. ____ Vendors are responsible for providing their own equipment for set up and equipment to run during the event (tables, chairs, canopies, electricity, water, etc.)
8. ____ Please be prepared to **secure your pop-up tent and/or set up items** in case of windy or inclement weather.
9. ____ You will be assigned a time and space to set up for the event. If you do not show up on time, you will lose your space. No refund will be issued.
10. ____ Vendors who have been approved may only sell the items that were listed on the application and approved.
11. ____ Please make checks payable to: City of Lynn Haven. To mail vendor form, please mail to: City of Lynn Haven, Attn: Communications/Special Events, 825 Ohio Avenue, Lynn Haven, FL 32444. **Do not submit money with application form, refunds will take 2-3 weeks.**

For additional information, please contact the Event/Communications staff at 850-265-2121, Monday–Friday 7:30 a.m. – 4:30 p.m. or Communications@cityoflynnhaven.com. Please provide description or list of items being sold in the below field (along with an attached photo of your display):

There will NOT be any electricity provided at the event. You will need to provide your own source of electricity if needed. Please sign below to acknowledge your understanding.

Signature: X _____

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:

