



City of Lynn Haven's 4th Annual Community Health Fair
Feb. 16th 9:00 am to 1 pm
Senior Activity Club, 905 Pennsylvania Ave

2023 Health Fair 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 served basis. The Marketing and Communications team will have the authority as to which vendors are approved/what they are handing out and final placement of all vendors. Only those submitting all documents and completely filling out the application will be considered for a vendor spot.

Health Vendor Category

- | | | |
|-----------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Dental Health | <input type="checkbox"/> Dermatology/ Skin Care /Cosmetology/Personal Care |
| <input type="checkbox"/> Fitness and Wellness | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Nutritional Health/Dieticians |
| <input type="checkbox"/> Neurological Health | <input type="checkbox"/> Pharmaceutical Care | <input type="checkbox"/> Preventative Care |
| <input type="checkbox"/> Pet Health | <input type="checkbox"/> Specialists (GI, Heart, etc.) | <input type="checkbox"/> Therapy/ Occupational Services |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Other | |

**The Vendor Fee has been waived for this
Community Health Fair!**

Sponsorship opportunities are available. Please contact the Marketing and Communications team if you're interested in sponsoring this event.

How did you hear about this event?

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

Please initial each line:

1. _____ Applications are due on or before Friday, February 3, 2023 by no later than 4:30 p.m. If you are approved, you will receive a confirmation email. Payments have been waived for this event, but only approved vendors will be allowed to set-up. All applications will be approved on a first come first served basis based on category to allow for the widest variety of services as possible.
2. _____ You will receive a confirmation email or phone call when your application has been received. **If you do not get a call or email within a week of submitting your application, please follow up to be sure we have received it.** If you show up the day of the event and we have not received your application, you will not be able to participate. It is your responsibility to make sure the application has been received.
3. _____ This is a free event open to the public. Participants will not be allowed to sell products/ services at this event but are welcome to consult on their products/services and give information about their organization/company. To keep this event free to participate in, no business/organization can make a profit. I agree to abide by the stipulations on products/services.
4. _____ There will be no special requests for location of your booth space unless you have a medical or health condition.
5. _____ Please **do not** show up before the arrival time given to you for the day of the event. Your event space will not be marked until this arrival time and you will be asked to wait until this time. If for some reason you need more time than the allotted set-up time, please speak with the Marketing and Communication team prior to February 10, 2023. You will be notified if a changed time can be accommodated or if the request had to be denied for any reason. Additionally, please do not choose an unmarked space and start setting up as you will be asked to move to your correct space.
6. _____ **Rain Policy:** If inclement weather causes the event to be canceled, you will be notified by a City of Lynn Haven staff member on the day of the event. In the event this particular event is canceled due to weather and an alternate date is chosen to hold the event, you will be notified.
7. _____ Vendors are expected to remain open during official event hours. Closing early negatively affects your neighbors and the entire venue. If you leave the event early, you will not be considered to return to any other City events. If for some reason you **must** leave before the event is over, please communicate that at the time of sign up for consideration before acceptance of your application.
8. _____ You will be assigned a time and space to set up for the event. If you do not show up on time, you will not be accepted for entry into the event.

For additional information, please contact the Marketing and Communications team at 850-248-0530, Monday–Friday 7:30 a.m. – 4:30 p.m. or Communications@cityoflynnhaven.com.

Please provide description or list of items being given away/services being discussed 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:

DATE:

PRINT NAME:
