

Brooksville Business Alliance Market on Main Street

Vendor Application 2011

Name of Business _____
Contact Name _____ Phone _____
Address _____
City, State, Zip _____
E-Mail _____
Emergency Contact Name _____ Phone _____
Products to Sell (be specific) _____

Price Range of Products _____
Returning Vendor: Yes _____ No _____

Vendor Fee: \$25 if paid by the 2nd Saturday of the month you wish to participate in; \$40 if after that date

Please mail application and payment to:

Brooksville Business Alliance

PO Box 524

Brooksville, FL 34605-5024

Make checks payable to: Brooksville Business Alliance

Or, you can bring application with payment to: Brooksville Business Alliance treasurer, Jodi Parresol at the “Dog Gone Healthy” booth at the Brooksville Farmer’s Market on Saturdays between the hours of 8 am and 2 pm. The booth is located on Main Street in front of the courthouse.

Payment Received _____

Insurance Certificate Received (for food vendors) _____

Basic Event Information:

Time: 9 am until 5 pm - April and May, set-up from 8:00 until 8:45 am

5 pm until 10 pm - June, July, August, set up from 4:00 until 4:45 pm

You are responsible to provide your own tent, tables, lights and electric cords for night market. Anyone that is cooking needs to bring fire extinguisher and tar paper under fryers. Electricity is limited on Main Street, please plan accordingly. Tents must be anchored with weights: No staking into the street or grounds.

Name of Vendor _____

Hold Harmless Agreement

I/We agree to release the City of Brooksville and Brooksville Business Alliance from any liability of any kind for any and all damages, loss, and/or injury resulting from my participation in any activities of any kind or in any way connected to the City of Brooksville and/or Brooksville Business Alliance.

This release includes a release for any and all losses and/or injury arising out of any act of omission or negligence of the City of Brooksville and/or the Brooksville Business Alliance, its members, agents, employees, or activity supervisors specifically concerning or arising out of Brooksville Business Alliance activities.

This release constitutes a waiver of all claims against the City of Brooksville and/or Brooksville Business Alliance, its board of directors, members, agents and employees.

This release and waiver is limited to activities conducted by or on behalf of the Brooksville Business Alliance.

By signing this document either in paper or electronic form, you are agreeing to abide by all rules and regulations set forth by the committee. The Brooksville Business Alliance reserves the right to change or modify the rules as needed. Please read carefully before signing.

This release is signed of my/our free act and will

Signature _____

Date _____

Participating event month _____