

Vendor Application Dates June 30th -July 3rd 2022			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name			
Business Address			
Contact Name			
Phone Number	_ Email Address		
List of goods you will be selling (yo	ou must obtain appro	oval to add future it	ems):
By initialing, signing and submittir rules as stated below:	ng this application, y	ou accept and agre	e to the Fishin Fiesta's
Vendors will be respect times. Any grievances should be vendors will determine their length and set up in the length space provided basis and is not inclusive of provisions. Tents must be secured responsibility of the vendor. Vendors are required to leaving the fiesta.	Id be directed to the own pricing and clene designated space by the Market staff the vendor fee. Vendo by weights, sand b	Freeport Host Lion arly advertise price determined by the is available on a firs dors are responsible ags, or other suital	Vendor Director . st come, first serve le for their own lole means and are the
Vendors agree to be honestVendors are to keep their spVendors selling Cottag director proof of a Food Har	pace clean, safe, and ge Food Law produc	hazard free at all to ts must provide the	imes.

	If I do not have	one, I acknowle	dge that Freeport	Host Club has made	me aware that a
	Food Handlers Certifi	cation can be c	btained at	arn2serve com.	
	Vendors prepar	ing and selling	food onsite (that o	does not meet Cottag	e Food Law
	Requirements) must l				
	Department.				
	Processed foods show	ald have labels	clearly stating the	ingredients used.	
	No firearms, drugs or		A		
A STATE OF THE PARTY OF THE PAR	, ,				
INDEN	NITY AGREEMENT				
	Fishin Fiesta F	reeport Host L	ions Club, and the	ir respective officers	, employees and
	consultants are not li				
	property arising from				
	farm/business/seller/		The second secon		
	harmless the Fishin F		_		
	employees and consu	120			
				sta are responsible f	
	general liability and p				
			msurance, as the	r reeport riost Lions	ciab aces not
	provide this insurance	e coverage.			
\/ondo	or Name Date Staff I	Mambar De			
venuc	or Name Date Staff I	viember Da	ite		
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DAVA	ENT AMOUNT	OUTOKINO	04611 B	0/00	
PAYIVI	ENT AMOUNT	CHECK/MO_	CASH D	c/cc	