

# CRAFT VENDOR APPLICATION FORM CROMWELL HARVEST FESTIVAL SATURDAY, SEPTEMBER 7, 2024

## **Application Fees:**

100% of the fees must be returned with the Application Form by **September 1, 2024**. We will not hold any spots that are not paid in advance. "Walk-ins" will not be accepted.

| # of Spaces<br>Needed | Туре  | Amount |
|-----------------------|---|--------|
|                       | Craft Exhibitor, 10x10, Saturday Only @ \$25 each |        |
|                       | Info/Edu/Demo Exhibitor (no food) @ \$25 each     |        |
|                       | Total Amount Enclosed                             | \$     |

# CRAFT VENDOR APPLICATION FORM CROMWELL HARVEST FESTIVAL

#### Terms/Conditions:

- Display site sizes will be 10' X 10'
- All spaces are outside. Spaces will be defined for set up
- Must provide your own tables, display, units, shelter, etc.
- Electrical connections, cords and disconnects must meet the electrical code.
- Applicant is responsible for the safety of your display items and equipment

Applicant shall, and will, indemnify and hold harmless the City of Cromwell and the Cromwell Area Community Club from and against any losses, liability, claim demands, expenses, fees, fines, penalties, suits, proceedings, actions and causes of action of any and every kind and nature arising or growing out of or in any way connected with the Cromwell Harvest Festival. Applicant further agrees to adhere to all festival rules and regulations along with state, federal and local laws. Applicant also assumes responsibility for all personal, property, materials, products, art work, tools, equipment, etc. All fees collected are nonrefundable.

| Applicant Signature                 | Date                 |  |
|-------------------------------------|----------------------|--|
| Harvest Festival Vendor Coordinator | Date Accepted/Denied |  |

### PLEASE INCLUDE THE FOLLOWING ITEMS:

- ✓ Application Form, fully completed
- ✓ Payment. Make check payable to: CACC Harvest Festival.
- ✓ MN Department of Revenue **ST-19** Form
- ✓ Vendors are responsible for providing their own liability insurance with reasonable coverage and limits.
- ✓ Non-Profit Certificate (if applicable)

## Mail your Application, payment and all required documents to:

CACC/Harvest Fest PO Box 190 Cromwell, MN 55726

- Post-dated checks and incomplete applications will be returned to the applicant.
- Any checks returned for non-sufficient funds will incur an additional \$25 NSF fee.

| CACC Use Only  |                      |             |             |
|----------------|----------------------|-------------|-------------|
| Date Received: | <br>Accepted □       | Denied □    | Wait List □ |
| Payment:       | \$<br>Check #        | ST-19 □     | 501C □      |
| Vendor Lot #   | <br>Vendor Notified: | Via: Mail □ | Email 🗆     |