

SPACE NO. _____

**APPLE BUTTER FESTIVAL
VENDOR APPLICATION FOR BLUE OWL PARKING LOT
OCTOBER 26th-27th, 2019**

APPLICANT'S NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

DAY PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS _____

BUSINESS WEBSITE _____

TYPE OF PRODUCT _____

FOR FOOD VENDOR'S ONLY, YOU MUST LIST EVERY FOOD PRODUCT YOU WILL BE SELLING. Food vendors must have a permit from the Jefferson Co. Health Department. You must show proof of Insurance, of at least a 2 million dollar policy with Kimmswick Apple Butter Festival and the City of Kimmswick named as additional Insured within 2 weeks of receiving your confirmation letter.

NUMBER OF SPACES _____ BOOTH # LAST YEAR _____

10X10 space \$ 165.00 for 2 days

This includes one parking pass per booth per day. Please Note: Extra parking passes will be an additional charge of \$10 per pass per day.

THIS IS A RAIN OR SHINE EVENT. NO REFUNDS. ALL TENTS MUST BE WEIGHTED DOWN.

*Cash, money orders or cashier's check made to **The Blue Owl**. WE NO LONGER ACCEPT PERSONAL OR BUSINESS CHECKS. Returning Vendors should send their application and payment in by August 31st, 2019 to guarantee their booth space from the prior year After that date, your booth could be reassigned to another vendor.*

The Business License fee for each 10X10 space is \$30, acquired through the City of Kimmswick. Please follow this link if you would like to pay the city license fee online. <http://cityofkimmswick.org/product/2019-event-license-only/> , click on add to cart then view cart, proceed to checkout, in additional information box type Blue Owl parking lot and what your craft is.

DATE: _____ SALES TAX NO. _____

I hereby release the City of Kimmswick Mo .private property owners, the Festival Committee and its individual members from responsibility for damage to the arts/crafts/food or products displayed and my personal possessions as well as for any personal injury to myself. I am also responsible for any injury that occurs to my booth. I also agree to indemnify and hold harmless said organizations and individuals for any damage or injury which may result from the sale or display of my products. The City of Kimmswick Festival Committee reserves the right to accept or refuse any vendor application. The rules and regulations set by the City of Kimmswick are binding for all vendors.

SIGNATURE OF APPLICANT _____

**Please mail this application along with payment and self-addressed stamped envelope to:
Apple Butter Festival Attn: Ann Foster- PO Box 98- Kimmswick, MO 63053**

Festival Committee use only-

Committee Member Signature _____

Cash _____ Money Order _____ Amount _____ Date _____