

COLLINSVILLE PIONEER DAY VENDOR APPLICATION

Saturday, September 18, 2021

Return form with payment to:

Collinsville Area Chamber of Commerce

PO Box 65, Collinsville, Texas 76233

THIS WILL BE AN AFTERNOON / EVENING EVENT

Vendors 10' x 10' space(s) # ____ x \$50, (+ \$10 operational electricity (110 only) if needed) = \$_____ Total

Food Vendors # ____ x \$90 (electricity included (110 only) = \$_____ Total

**Food vendors must have food handler or manager cards posted at booth – No exceptions.*

Name (please print): _____

Business Name: _____

Sales Tax ID: _____

Address _____

State: _____ Zip: _____ Phone: _____

Cell phone: _____ E Mail: _____

List the items/food you will be selling or materials displayed: _____

Additional Comments: _____

*The Collinsville Area Chamber of Commerce reserves the right to refuse any application for vendor space.

*Vendor may not sublet booth space. *Booths must be maintained in a neat, clean condition; vendors are responsible for cleaning their area at the end of the day. *It is the vendor's sole responsibility to report all tax information of your sales. *All business is to be conducted within your assigned booth space. * **No alcohol or smoking allowed in booth area. Vendors must be open for business by 4:00pm.**

Setup may begin at 1:00 p.m. All support vehicles must be removed from vendor area by 3:00 p.m. Booth break down may not begin until 10:00 p.m. No vehicles on festival grounds between 3:00 p.m. and 10:00 p.m.

RELEASE: My signature on this application releases and forever discharges The Collinsville Area Chamber of Commerce and the City of Collinsville, all sponsoring organizations and their elected officials, directors, employees, agents and volunteers from any and all responsibility, claims of loss or damage arising out of or in conjunction with participation in the Collinsville Pioneer Day Festival. The Collinsville Pioneer Day Festival is not responsible for any injury sustained by exhibitors/ vendors. I understand that there are no refunds given under any circumstances.

SIGNATURE _____ DATE _____

Printed Name _____ Paid by CK # _____ Cash _____

Find more info at www.collinsvilletxchamber.org
Questions? Contact CarrieLewter or email -cklewter@gmail.com