



MISSION CONVENTION AND VISITORS BUREAU – WWW.MISSIONCVB.ORG



ARTS & EATS FESTIVAL **VENDOR REGISTRATION FORM**

**FRIDAY, SEPTEMBER 17, 2010 – 4:00PM – 11:00PM**

**SATURDAY, SEPTEMBER 18, 2010 – 10:00AM – 4:00PM**



Business Name \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_

**FOOD VENDOR**

**NON FOOD VENDOR**

**Vendor fee is \$150 and covers a 10 x 10 area, tent, 2 tables, 2 chairs, 20 amps of electricity and lighting (must provide your own lighting if you are using a personal tent). More than a 10 x 10 area will require an additional \$150 payment. More than 20 amps of electricity will require an additional \$50 fee. Vendor will be responsible for providing extension cords and power strips.**

**Describe your product/service and electrical needs: Booth space is a 10 x 10 area.**

The purpose of this form is to establish an agreement and understanding between the City of Mission and the vendor listed to allow the sale of concession or goods at a City of Mission activity. Vendors must follow all rules and regulations. The City reserves the right to close the vendor's booth at anytime. **A \$20 Vendor Fee will apply to All Not for Profit Vendors. (This is a 10 x 10 space with 1 table and 1 chair – no tent or electricity).** Not for Profit vendors are required to provide a copy of their Not for Profit status.

**Will you be serving alcohol? \_\_\_ Yes \_\_\_ NO (Application must be submitted to KS ABC 6 weeks prior to event).**

**BOOTH SET UP**

Vendors must set up on Friday, September 17th between 2:00pm and 4:00pm and Saturday between 8:00am – 10:00am. Vendors must check-in with City of Mission staff prior to setting up their booth on Friday. **All vehicles must be removed from event area before 3:30pm on Friday and before 9:30am on Saturday. The City of Mission is NOT responsible for items left overnight.**

**CANCELLATION** - The event is "rain or shine." No refunds will be given without the approval of the MCVB.

**Vendor Fee - \$150 for 10 x 10 space**

**The vendor fee is \$150.00.** This fee covers one 10 x 10 area, the basic electricity (20 amps), tent, two tables and two (2) chairs if needed – mark below.

\_\_\_ **Need more than 20 amps – Add \$50 charge**

**Tables needed**  
\_\_\_ 0 \_\_\_ 1 \_\_\_ 2

**Chairs Needed**  
\_\_\_ 0 \_\_\_ 1 \_\_\_ 2

**Tent Needed** \_\_\_ **Extra 10 x 10 space**

**PARKING**

Parking location will be given at event set-up.

**EXHIBITOR CLEAN-UP & TAKE-DOWN**

Tear down will be allowed at the end of each day. You will be able to access your site by vehicle when staff is sure it is safe for the participants. Each exhibitor is responsible for the clean-up and disposal of any waste materials.

**\_\_\_ Not for Profit - \$20 – 10 x 10 space – 1 table, 1 chair No Electricity.**

**RULES AND REGULATIONS**

Vendors must comply with all applicable electrical, fire and health department rules and regulations and all city, state and federal laws.

Please return completed form with payment no later than **Friday, September 10, 2010.**

Make all checks payable to: **City of Mission**  
*Attn: Kathy Lockard, Event Coordinator*  
6200 Martway  
Mission, KS 66202  
913-722-8206 – FAX 913-722-8208  
[klockard@missionks.org](mailto:klockard@missionks.org)

**Vehicles**

**Vendors will not be allowed to bring vehicles into the event area during vending hours of operation.**

Payment:  Master Card  Visa  Discover

Cash  Check

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Total \_\_\_\_\_

Name on Card \_\_\_\_\_

**Release of Liability:** I, the undersigned, as a participant or parent/guardian of the participant in the above-named program(s), do understand that, in consideration of the City of Mission, KS, I do release them, their officers, agents or employees from all liability demands or claim for loss, damage or injury resulting from participating in the above, as there is no insurance provided. I recognize and understand that the above program(s) require that I be in good health, and I warrant and declare that the participant is in good health. If the participant is a minor, I also give my consent for his/her participation in the above program(s), and for any necessary emergency medical treatment.

Check # \_\_\_\_\_ Date \_\_\_\_\_ Staff Initial \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_