

EXCELSIOR CHRISTKINDLSMARKT APPLICATION

Please print clearly & firmly



Personal Data

1

Last Name:					First Name:				
Address:									
City, State, Zip:									
Day Phone:					Evening/Cell Phone:				
Vehicle Type & Size of Vehicle:		Auto	Van	Truck	Trailer	License #		Business Name	
Sales Tax#:					Email Address:				
Vendor Category Select:		Craft/Home Base		Retail		Food Merchandise		Food Cook On site	

Vendor partner

2

Last Name:					First Name:				
Address:									
City, State, Zip:									
Day Phone:					Evening/Cell Phone:				

Vendor Description

3

<p>Please print or type a list of ALL items you will feature in your booth. Please bring only these items unless you notify us of any changes prior to Christkindlsmarkt. If convenient send a photo of your products.</p>									

Affidavit

4

Hold Harmless Statement									
<p>I hereby agree to indemnify and hold harmless the City of Excelsior, the Excelsior Christkindlsmarkt, its agents, assigns and employees with regards to any damages and/causes of action resulting from the negligence and/or willful conduct of the vendor or its agents, assigns, or employees, or as the result of the use of vendor's product or equipment in the display of products.</p>									
Signature:					Date:				

Vendor Payment Selection:									
		Merchandise Vendor \$325	One 10x10 space in 100'x 20'tent or individual 10x10 Red&white Tent. Decorated with lights and garland. Set-up and strike – <i>Due October 15, 2011</i>						
		Food Vendor \$395	10x10 Space, tent, set-up, strike, lightening and garland – <i>Due October 15, 2011</i>						
		Food Vendor \$300	10x10 Space, lightening and garland – <i>Due October 15, 2011 Vendor with Food Trailer.</i>						
Checks	Payable Excelsior Christkindlsmarkt. Mail check and completed registration to: Excelsior Christkindlsmarkt, PO Box 344, Excelsior, MN 55331 ASAP								
\$	Total Payment Enclosed			Check #			Date Rec'd		