



QUILT WALK 2010

Friday, July 2nd – 10:00 AM to 7:00 PM
Saturday, July 3rd – 10:00 AM to 5:00 PM
DOWNTOWN TWIN FALLS MAIN ST.

Vender Application for Booth
PLEASE PRINT CLEARLY OR TYPE:

Name of Business: _____

Contact Person: _____

Address: _____

Email: _____

Telephone: _____ Cell: _____

Type of Business: _____

Tax ID or Social Security Number: _____

Type of product or Service (please list items to be sold): _____

Please check to be included in children's area

Arts and Crafts: _____

Entertainment: _____

Food (please list type of food) _____

Will you be serving alcohol?: _____

Other: _____

We will need the following size exhibit space:

10'W X 10'D _____ \$50.00

20'W X 10'D _____ \$75.00

30'W X 10'D (Trailer Size) _____ \$100.00

In order to serve your needs more efficiently, please make a list of all electrical devices you will be plugging in at your booth. Look for a name plate which should identify the voltage information and the ampage and wattage required to run the device and list that information below.

Air conditioning units:

Fryers:

Cookers:

Refrigerators/Freezers:

Lighting:

Trailers:

Cook tops:

Generator:

Electronic Equipment:

****All vendors will receive one 110 hookup. If you require additional power, you must supply your own generator. If utilizing a generator, the generator must operate quietly or you will be asked to discontinue its use. The following items are not permitted to use the 110V electrical outlet: Space heater, microwave, coffee pot, air compressor or any item electricians feel may cause a problem.**

**If serving food, has a catering permit been secured: Yes: _____
No: _____ If "yes," attach a copy of the catering permit and health permit to this application.**

Each vendor shall provide information specified in paragraph (1) below. If you will be utilizing any automobiles during the event, include the information requested in paragraph (2) below. If you will be selling any alcoholic beverages during the event, include the information specified in (3) below.

***Please note that the size of your exhibit may determine you set up time.**

Please list your preference for location as follows:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

*** Your choice selection is not guaranteed**

Please list ALL products and/or menu items which you will be displaying or selling during the Event. Contract space will be assigned on the basis of this list. If a space is assigned, you may not display or sell any additional items. Violations will mean immediate cancellation of contract and all rental money paid will be forfeited to the City of Twin Falls.

Will your exhibit be (for non-food only): _____
Display only: _____
Display (taking orders for future): _____
Retail (over-the-counter sales): _____
Do you plan to give away samples: _____
Do you plan to use sound devices such as a PA system, piano, organ,
etc.? _____
Do you plan to conduct a drawing for prizes? _____

7. Please attach drawing or insert photograph of your booth. If these are not available, please furnish explanation as to how you plan on decorating your exhibit booth. (Food booths are scored by appearance, so a photo is very helpful in this evaluation.)

8. Have you or your organization ever exhibited at this event? _____ If yes, what year? _____
Have you or your organization ever exhibited at other events such as this? _____ If yes, where? _____

9. We agree to abide by the rules and regulations stipulated in the actual contract, should a contract be awarded. My signature on this application hereby authorizes the Historic Downtown Business Improvement District to secure information concerning the above facts.

Prior to the event, you must provide evidence that you maintain the following insurance:

- (1) Commercial General Liability insurance with limits of at least \$500,000 each occurrence for bodily injury and \$500,000 each occurrence for property damage; or, with a combined single limit of \$500,000 each occurrence for bodily injury and property damage

- (2) Automobile Liability insurance, including liability for all owned, hired and non-owned automobiles, with limits of at least \$500,000 each occurrence for bodily injury and property damage**
- (3) Liquor Legal Liability insurance with limits of at least \$500,000 each occurrence for bodily injury and property damage**

All insurance required shall be endorsed to name the City of Twin Falls as Additional Insured. A Certificate of Insurance as evidence of the required insurance must be provided to the City of Twin Falls prior to the event.

Notification of vendor space will be provided prior to date of event and upon approval of application and agreement and receipt of payment for both days. In addition Food vendors will be required at the event to give 15% of their gross sales all other vendors will be required to give 10% of their gross sales on your honor basis. To be delivered to the address below and will go to the Business Improvement District. (no charge for BID Members).

THIS APPLICATION DOES NOT AUTOMATICALLY RESERVE SPACE, AND ANY QUESTIONS MUST BE ANSWERED COMPLETELY AND MONIES INCLUDED BEFORE CONSIDERATION CAN BE GIVEN. CONTRACTS WILL BE CONSIDERED ON A FIRST-COME, FIRST SERVE BASIS, AND ACCEPTED NO LATER THAN **April 30, 2010**

Final deadline for application is **April 30, 2010**

**Return to: Stitchin' Time
ATTN: Cathy Reitz
143 Main Ave. E.
Twin Falls, ID 83301
(208) 735-4094**
