



CORN ROAST
Liberty Park 129 W Main Lowell
July 21, 2018 2-10p.m.
VENDOR CONTRACT 2018

The contract MUST be returned by **June 29th**. Payment must be submitted with contract.

Event Date: Saturday 7/21: Food Vendors, Kids Activities, Beer Garden, Bands, Limited Merchandise Vendors and Corn Hole Tournament

ITEMS TO BE SOLD: _____

MAKE CHECKS PAYABLE TO: **Lowell Chamber of Commerce** Post Marked – **July 21, 2018**
 MAIL TO: **Lowell Chamber of Commerce** **428 E Commercial Ave, Lowell, Indiana 46356**
 RETAIL MERCHANTS CERTIFICATE # _____ (Required)

Business Name _____ (Or Social Security Number)

Address _____ City/State/Zip _____

Telephone (Daytime) _____ Cell Number _____ Email _____

Vendors will be outside. Hours of operation: Saturday 2pm-10pm

Vendors -----(to be paid in full with contract) ----- **\$50.00 for the day with 10' X 15' Space**

The following information MUST be given in order to participate. A layout diagram of your tent/trailer is required.

- Indicate size of your food trailer or tent. Length: _____ ft. Width: _____ ft.
- What side of the above measurement do you serve from? _____ Length of serving side _____ ft.
- Electric – MUST use commercial electric gauge cords. Vendors will be 50 to 150 feet from electric boxes. Under no circumstance will you unplug any other vendor cords for your own use. How much wire do you have _____ ft., Please bring your own electric cords. (Generators allowed)
- Your electric needed: _____ 110V or _____ 220V or _____ None
- Water – do you need constant water _____ Yes _____ Intermittent Water _____. How many feet of food grade hose do you have _____ ft. You must provide your own food grade water hose.

ALL FOOD VENDORS MUST PROVIDE:

- Food permit from Lake County Board of Health & any permit required by the Town of Lowell. Food inspector will arrive at approximately 1:00 pm.
- A current menu which includes prices.

CORN ROAST COMMITTEE TO APPROVE THE MENU OF ALL FOOD VENDORS TO AVOID DUPLICATE ITEMS.

ALL VENDORS MUST PROVIDE:

- Certificate of Insurance (required for all vendors). Made out to "Lowell Chamber of Commerce"
- Copy of your driver's license.
- After completing this form, **make a copy for your records**, please return the original.
- Amount enclosed: \$ _____ (Required) Check Number _____

Set-up Time: Saturday, July 21st from 9:00 am – 12:00 pm.

IN WITNESS THERE OF THE PARTIES HAVE UNTO SET THEIR HANDS THIS _____ DAY OF _____, 2016.

Vendor Signature _____

Business/Organization Name _____

Date _____

Lowell Chamber of Commerce (219) 696-0231

Date

WAIVER:

I AGREE THAT THE LOWELL CHAMBER OF COMMERCE AND ANY PERSONS ASSOCIATED WITH THE ORGANIZATION OF THE LOWELL CHAMBER OF COMMERCE, THE CORN ROAST COMMITTEE, LOWELL ROTARY CLUB AND THE TOWN OF LOWELL WILL NOT BE LIABLE FOR ANY DAMAGES OR THEFT TO ANY VEHICLE OR ANY INJURY TO ANY PERSON (S) WHILE PARTICIPATING IN THIS EVENT. THE LOWELL CHAMBER OF COMMERCE AND COMMITTEE RESERVES THE RIGHT TO REJECT OR DENY ANY ENTRY TO THE SHOW FOR ANY REASON. REGISTRATION FEES ARE NON-REFUNDABLE.

SIGNATURE: _____

DATE: _____