



Cuero Downtown Farmer's Market Days 2018 MERCHANDISE VENDOR APPLICATION

Complete Applications must be returned to the Cuero Main Street Office by Wednesday before Market Day.

Call Sandra Osman at [361-485-8008](tel:361-485-8008) or email mainstreet@cityofcuero.com with any questions. **PLEASE PRINT/TYPE**

Business Name: _____

Name of Contact Person: _____

Names of any other vendors at your booth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Taxpayer ID: _____

To find out if you qualify for a Tax ID exemption, please visit this link: <https://comptroller.texas.gov/taxes/publications/96-211.pdf>

Please describe the vendor items for your booth. First come, first served basis.

Please note the 2018 date[s] you are applying for:

March 24 April 28 May 26 June 23 July 28 August 25 Sept. 22 Oct. 27

- **\$20 vendor space fee**
- Each space under the covered Market Pavilion measures 10' by 10'
- Vendor may provide their own set up needs such as tent/ez tent, table, extension cords, etc. and provide proper tie down to ensure stability.

ELECTRICITY: Generators are not allowed.

_____ No electricity needed
_____ 110V Hookup needed

The market is scheduled to be open from 9:00 a.m. to 1:00 p.m. on Main Street in front of the Cuero City Hall Offices.

Vendor Spaces may be assigned or vendors will set up the day of the market on the first come, first served basis.

Vendor set up can begin as early as 7:00 a.m. the day of the market, but must be completed by 8:45 a.m.

Bathrooms are available for vendors in the Public Restrooms located on East Main Street. Please check each item to indicate your agreement:

___ I have read and agree to abide by all of the Association’s Rules and Regulations.

___ I understand that the Association can request that a vendor leave the market premises at any time if in violation of any of the Association’s Rules and Regulations.

___ Upon acceptance, I agree to indemnify and hold the Association, the Market and their officers, directors, members, employees, volunteers, and agents harmless from and against any and all claims and demands, whether for injuries to persons, loss of life or damage to property, on or off the premises, arising out of the use or occupancy of the Market by me or my family, employees or agents and shall defend at my expense any actions brought against the Association, the Market and any of their officers, directors, members, employees, volunteers, and agents by the acts or omissions of me or my family, employees or agents.

___ I agree to leave my vendor space clean and free of debris by one hour after close of the market (1:00 p.m.)

___ I understand that the Association requires that there is no smoking or consumption of alcoholic beverages on the market premises.

___ I represent that all information provided in this application and that will be provided by me, or my authorized representatives, throughout the application process is true and correct in all respects. I understand and agree that if any of the information is false or inaccurate that the Association may reject my application and if the false or inaccurate information is discovered after my acceptance into the Market, I may be asked to leave.

You must agree to all of the above items and indicate your agreement by checking each space in order for your application to be considered.

Signature of Solicitor or Authorized Representative: _____

Printed Name of Signing Person: _____

Title: _____ Date: _____