



Aug 24-25, 2018
Vendor Application



PLEASE READ

- DO NOT COMPLETE THIS APPLICATION IF YOU ARE PROMOTING OR SELLING A SERVICE**, or if you wish to demonstrate a product and/or do not have merchandise for sale on-site during the festival. If you meet these criteria, booth space is available through sponsorship packages starting at only \$650. Please refer to the Sponsorship Application for details.
- PERSONAL/BUSINESS CHECKS, CREDIT CARDS AND CASH ARE THE ONLY ACCEPTABLE FORMS OF PAYMENT.** Money orders and certified checks will NOT be accepted.
- THE FESTIVAL IS A RAIN OR SHINE EVENT.** No refunds will be issued due to inclement weather, due to the forecast of inclement weather, or due to circumstances beyond our control.
- ALL FOOD & BEVERAGE VENDORS WILL BE REQUIRED TO PROVIDE A CERTIFICATE OF LIABILITY INSURANCE** in the amount of \$1,000,000 naming the "City of Kennesaw" as an additional insured.
- INCLUDE A PHOTO OF YOUR BOOTH DISPLAY (AS IT WILL APPEAR) WITH YOUR COMPLETED APPLICATION.** If you do not have a photo of your booth display, please include a photo of items that will be sold.

Business/Organization Name		Primary Contact	
Address	City	St	Zip
Phone ()	E-mail		
Describe products for sale			
		Fee	Subtotal
Select Vendor Type	<input type="checkbox"/> Arts & Crafts – original, handmade or commercially manufactured	\$150	(1)
	<input type="checkbox"/> Farmers Market – e.g., produce, flowers or baked goods		
	<input type="checkbox"/> Food or Beverage (single item) – e.g., cotton candy, kettle corn or lemonade		
	<input type="checkbox"/> General Merchandise – e.g., apparel, souvenirs, cookware or antiques		
	<input type="checkbox"/> Non-Profit – charitable, religious, political, schools or social organizations	\$475	(2)
<input type="checkbox"/> Food or Beverage (multiple items) – pre-prepared or prepared on-site			
Access to potable (drinking) water		Add \$50	(3)
Upgrade to 50 amp electrical connection (a 20 amp electrical connection is provided)		Add \$100	(4)
Late fee (applies if application is sent/postmarked after May 31, 2017)		Add \$25	(5)
One free t-shirt (check one)	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL		(6) \$0
		Add lines 1-6 above and enter amount here. (7)	
		If paying by credit card, a 3.75% service fee will be added to your subtotal. (8)	
		Multiply line 7 x 0.0375 and enter amount here. If paying by check, enter \$0.	
Add lines 7-8. This is your total amount due. ALL FEES ARE NON-REFUNDABLE AFTER JULY 27, 2018.			

Method of payment: Check attached (made payable to the "City of Kennesaw"). Check # _____

Visa® MasterCard® Amex® Credit card #: _____ - _____ - _____ - _____ Exp. Date: ____ / ____

Signature authorizing charge to above number _____

Waiver of Liability

I understand and acknowledge that participation in this event can be hazardous, and I hereby assume all risk while participating. I, and anyone entitled to act on my behalf, waive and release the City of Kennesaw, its agents, employees, officers, officials and sponsors from all rights and claims for any personal injury, death, or property damage suffered by me, or that I cause to others, as a result of my participation in this event. I, the undersigned, agree, without any right of payment or editing, to allow the City of Kennesaw to use the images of me and/or my children, including reproductions of photos, video, audio or other reproductions, for use in all types of media for public relations purposes to promote Parks & Recreation programs and activities. I, the undersigned, give permission to the City of Kennesaw to obtain and authorize medical care for participants at any hospital, emergency medical center, or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. I also agree to be responsible for the expenses of any medical care required, and I hold the staff authorizing the medical care harmless from any damages suffered by the participant as a result of the medical treatment authorized.

Signature (required): _____ Date: _____

Submit completed application and payment to:
 City of Kennesaw Parks & Recreation Department
 Attn: Kimberly Flores
 2753 Watts Drive, Kennesaw, GA 30144
 Tel: (770) 422-9714, Fax: (678) 460-3373, E-mail: kdflores@kennesaw-ga.gov

Office use only: