



VENDOR APPLICATION

EVENT: \_\_\_\_\_

**VENDOR INFORMATION**

VENDOR NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAIN PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

- Food Vendors **MUST** obtain a Special Event Permit from the Maricopa County Environmental Services Department at <http://www.maricopa.gov/FormCenter/Environmental-Services-16/Temporary-Seasonal-Permit-Application-87> or call (602) 506-6872
- \$25 Vendor Fee
- Standard booth space is 10X10
- Vendor must provide own 10X10 canopy, table, chairs & power source (unless otherwise advised)

**FOOD**       **GAMES**       **NOVELTY**       **OTHER** \_\_\_\_\_

**Describe items for sale:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>FOR INTERNAL USE ONLY</b>	<b>PAID:</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>DATE PAID:</b> _____
<b>FORM OF PAYMENT:</b>	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CREDIT CARD

**HOLDS HARMLESS / INDEMNITY AGREEMENT**

I, the undersigned, intending to be legally bound, do hereby, for myself, my heirs, my personal representatives and assigns, waive, and release and forever discharge any and all rights and claims for damages which I may or may hereafter accrue to me against the TOWN OF GILA BEND, or any sponsor, it's or their officers, agents, representatives, successors and / or assigns or any other corporations or individuals associated with the TOWN OF GILA BEND for any and all damages, claims, injuries, or actions sustained or suffered in connection with this SPECIAL EVENT.

\_\_\_\_\_  
**Vendor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parks & Recreation Approval**

\_\_\_\_\_  
**Date**