



4th ANNUAL JUNETEENTH FISH FRY FUNDRAISER! Vendor Booth/Space Application Form

Date: Saturday, June 15, 2024

Time: 4:30pm to 7:00pm

Location: The Anderson Impact Center, 630 Nichol Avenue in Anderson, IN 46016.

Fees: \$25 for outdoor vending space.

\$35 for outdoor vending space with a 6ft table and 2 folding chairs.

Vendor applications and fee payments will be accepted by mail, and during AIC Office Hours: Monday through Thursday from 10:30am to 3:30pm. Make checks payable to The Anderson Impact Center.

Vendors Must:

- Staff booth space throughout the event
- Clean their booth space area at the end of the event
- No vendor food or beverage sales
- No amplified music from booth space
- No access to electricity from booth space
- Email high resolution copy of logo if available

Vendors may begin to set up at 2:00pm, and break down at 7:00 pm on the day of the event. Vendor spaces will be reserved on a first come first serve basis. *Booth space is limited.* Please apply early to confirm your vending space.

Business Name: _____

Contact: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Type of Booth: _____ Arts/Crafts
 _____ Home-Based Business
 _____ Other _____

Description of items/services for sale:

Waiver: The Anderson Impact Center reserves the right to refuse any vendor application with the return of vendor fee. The vendor shall defend, save and hold harmless the AIC, its officers, agents, board members, staff, volunteers, sponsors, and assigns from any claims, damages, losses, liability or expense which may arise, and shall not be held responsible for any loss or damage due to fire, accident, theft, weather, acts of God, vandalism or any other loss or injury whatsoever or not specially described herein, whether past, present or future.

Booths are not insured by the AIC or any sponsoring agents. Vendors must make provisions for safeguarding their goods. The vendor assumes full liability for protecting, care, and maintenance of vendor's property. ANY VENDOR NOT HOLDING VALID LIABILITY INSURANCE EXHIBITS AT THEIR OWN RISK AND ASSUMES ALL LIABILITY.

Designation of Responsibility: As a vendor participating in this event, I understand I am responsible for obtaining all proper licenses and certificates, collecting and paying all applicable taxes and adhering to all applicable laws, rules, and regulations.

Signature of Vendor

Date

Total Fee Paid \$ _____

Please return this completed form and the vendor fee to the Anderson Impact Center at 630 Nichol Avenue, Anderson IN 46016.