



Space No. _____

(Chamber use only.)

Vendor and Flea Market Application
Saturday, June 23, 2012 ~ 10:00 am to 5:00 pm
Sunday, June 24, 2012 ~ 10:00 am to 4:00 pm

Complete form and mail with payments or apply and pay online at: granitefallswa.com/mle

Vendor Name: _____

Contact Name: (if different) _____

Address: _____

Phone: (_____) _____

E-mail: _____@_____

(Will only be used for MLE info & confirmations)

ALL FEES ARE NON-REFUNDABLE!!

Check if vendor is Non-Profit (first 10 booths are free)

Type of vendor (check one)

All spaces are 10' X 10', bare and uncovered. (No table, no tent)

Non-Food

Saturday Only (\$25) Sunday Only (\$25) Both Days (\$40)

Food

Number of 10' X 10' Spaces Needed: _____

Flea Market

Total : \$ _____

Brief description of items to be sold:

Special needs / requests: Require an exclusive (Cookie Lee, Avon, etc)? Request a specific site? Have a generator? We will make every effort to meet your needs, within our capabilities and within reason!

Will you be bringing a generator? Yes What size? _____ KW

Setup is **ONLY** from **7:00 – 9:15am Saturday and Sunday.**

- All vendors are **prohibited** from selling stink bombs, silly string, and realistic looking guns. If you sell any of these items you will be asked to leave the area immediately with no refund.
- There will be NO electricity available. Each unit must have its own power source (if needed).
- Booths are on asphalt (South Granite Avenue) and are accessible by vehicle **ONLY** during setup times.
- Overnight security is limited. Vendors are responsible for security of all goods and property.
- **All food sales concessionaires must have proper permits with the Snohomish County Health Department to participate.**

Please make checks payable and send entries to:

Granite Falls Chamber of Commerce
PO Box 28
Granite Falls, WA 98252

Entries must be submitted by Monday, June 18, 2012. No late entries will be accepted.

In consideration of the acceptance of this application, applicant agrees to **SAVE AND HOLD HARMLESS** the City of Granite Falls and the Granite Falls Chamber of Commerce from any loss or damage to persons or property caused by the operation or participation of the applicant in connection with **VENDOR ACTIVITIES** and further agrees to defend said City of Granite Falls and the Granite Falls Chamber of Commerce from any claims for such damage(s).

Signature of Entry
(Application will not be accepted without signature)

Date Signed