

41st ANNUAL HOUBY DAYS FESTIVAL VENDOR CONTRACT May 18th - 19th - 20th 2018

Please Complete and Return This Form by April 30, 2018 (by April 15th for early registration and discount)

Business Name: _____

Contact Person: _____

Address: _____ City, State, Zip _____

Phone w/Area Code: (____) _____ - _____

Email _____

IA Sales Tax #: _____ OR Soc. Sec. #: _____ (Required by IRS)

Items being sold including space required (specify). Items listed and not listed are subject to approval by the vendor committee _____

Vendor Fees for a 10 X 10 space, 3 day, NON Food Space

Number of Spaces: _____ x \$100.00 each = \$ _____

Applications received after April 15 are subject to a \$25.00 per booth fee. \$ _____

Food Vendor Fees for a 10 X 20, 3 day vendor

Number of Spaces: _____ x \$225.00= \$ _____

Applications received after April 15 are subject to a \$25.00 per booth fee. \$ _____

Please contact us if your needs are different. Electricity is not available. Set up time is Friday evening from 3pm to 5pm. You MUST be finished with set up by 5pm and all vehicles off the street at the start of the festival. You MUST be set up for all 3 days. Tear down is from 4pm - 6pm Sunday afternoon.

Terms and Conditions:

1. I will be open during the opening hours of the festival: Friday 5:00 pm to 10:00pm, Saturday 9:00am-10:00pm, Sun. 9:00 am-4:00 pm

2. I understand that the Czech Village Association and the City of Cedar Rapids will not be in any way liable for damages, injury, or loss to persons or property sustained by me (the exhibitor) and/or my employee or representatives.

3. I further agree to assume all risks associated with negligent acts committed by me or anyone associated or employed by me and/or arising out of this contract. I will indemnify and hold harmless the City of Cedar Rapids and the Czech Village Association should there be any legal action.

4. I agree to keep my area maintained, and kept clean throughout the entire 3 day festival, and clean upon leaving.

5. I agree to abide by the guidelines set forth in the cover letter and any attempt to mislead may result in a loss of fees paid and/or the loss of vending space at the sole discretion of the vendor committee.

6. I agree to comply with all of the regulations and requirements of the City of Cedar Rapids.

Signature: _____ Date: _____

*****Insurance Requirements*****

Certificate naming the Czech Village Association as primary additional insured. (Questions about insurance should be referred to your insurance agent) Send Application, Insurance Documents, and Payment to: Czech Village Association Attn: Houby Days Committee 4103 Lakeview Dr SW Cedar Rapids, IA 52404 OR You may drop off all documents at The Create Exchange (98 16th Ave) in Czech Village Make checks payable to Czech Village Association. Thank You

Questions? Please contact Jennifer Stewart @ 693-2043