Vendor Booth Application

Company:	Name (First, Last):
Address:	City/St/Zip:
Email:	SS# or UT State Sales Tax #:
Ivins City reserves the op	tion to accept or reject any vendor.
Please check whether you w	ill be selling Friday, Saturday, or Both Days
Friday:	Saturday: Both:
Description of Items to be sold:	
Do you need electricity: Yes No	

Vendor Fees:

Ivins City Resident: FREE

Non Resident: \$10.00

Food Vendors: \$25.00

Check Off List for Vendors:

Vendor Application Form completed and signed
A Tax ID Number is required
Payment by Cash, Credit Card or Check

Food Vendors: (additional requirements)

Southwest Utah Public Health Permit Food Handlers Permit

PERMITS MUST BE ON HAND AT EVENT

Vendors are responsible for all supplies, including but not limited to tables, chairs, canopies and/or power cords.

Booths with electricity are limited. First come/First serve.

Vendors are responsible for their own items, etc... The City does not insure Vendors and their products.

Application Deadline: September 1, 2017

Return Applications to: Ivins City – Heritage Days Celebration

55 North Main Ivins, UT 84738



Vendor Registration Indemnification/Hold Harmless/Release of Liability Agreement Form

Whereas I desire to utilize Ivins City property to sponsor a vendor booth, and in consideration of Ivins ity's willingness to allow myself/company to use said property, facilities and equipment and to participate in id program, I,		
ability, costs or expenses arising from any action, causes of action, claims for relief, demands, damages, exenses, costs, fees, or compensation, whether or not said actions, causes of action, claims for relief, demands, amages, costs, fees, expenses and/or compensations are known or unknown, are in law or equity, and without mitation, all claims of relief which can be set forth through a complaint or otherwise that may arise out of my se or any of my customers' use of City property, facilities or equipment, participation in the above desired rogram or the acts or omissions, negligent or otherwise of Ivins City and/or their respective officers, agents, ficials, members, employees and volunteers or any person or persons.		
I acknowledge that I have been advised to consult legal counsel and have had an opportunity to consult ith legal counsel prior to entering into this Indemnification / Hold Harmless / Release of Liability Agreement.		
I understand and agree that by signing this Agreement I relinquish all rights or claims to adjudication or course to which I may be entitled in relation to any damages or injury that may arise out of the above described ctivities.		
I enter into this agreement with full knowledge of the meaning and future effect of the promises, releases and waivers contained herein.		
I understand and acknowledge that I have entered into the releases and waivers contained in this Agreement voluntarily and make them without any duress or undue influence of any nature by any person or entity.		
FOOD HANDLERS PERMIT (IF REQUIRED) (COPY MUST BE ON FILE WITH IVINS CITY)		
INT NAME:		
SNATURE: DATE:		
Taxes, Permits, Certificates and any Licenses required are the responsibility of the vendor. Vendors are allowed to sell products and are responsible for all taxes		

associated with such sales.