

**Tipp City Mum Festival
2012 Merchant Mart Contract**

This agreement is made between _____ (Vendor Name) and the Tipp City Mum Festival, Inc. (TCMFI). Whereas Vendor desires to operate a merchant booth, as described below, at the 2012 Tipp City Mum Festival on Sept 28th through 30thth, 2012. The Vendor agrees to the following terms and conditions.

- (1) The Vendor shall pre-pay (prior to March 1, 2012), with a copy of this agreement a non-refundable fee of \$70.00 per space, in the form of a check made payable to the TCMFI. Anyone making a payment after March 1, 2012 will be subject to an additional fee of \$15.00 (or full payment of \$85.00). We reserve the right to limit the number of Vendors for each merchandise type.**
- (2) The Vendor shall indemnify and save harmless the TCMFI, its volunteers and or the City of Tipp City against all loss, expense, damage claims, injuries, causes of action, attorney fees, and court costs which may occur or be sustained by or arise from the operation of said booth by Vendor in connection with the 2012 Tipp City Mum Festival.
- (3) The Vendor shall also carry any appropriate liability insurance to cover all claims, which may arise against Vendor related to participation in the 2012 Tipp City Mum Festival.
- (4) Vendor also agrees not to sell any cans of string spray, caps, live animals, or knives at the 2012 Tipp City Mum Festival.
- (5) Failure to abide by the above conditions will prohibit the said Vendor from participating in any future Mum Festivals, and it may be necessary for the said Vendor to leave the festival before its completion.

Contact person for Vendor _____

Address for Vendor _____

City _____ State _____ Zip Code _____

Phone # (____) _____

Email address _____

(If a self-addressed stamped envelope is not mailed, your confirmation will be in e-mail format.)

Number of spaces rented _____; each space will be a 12 ft frontage.
(Depth varies due to trees in the park)

Electric need (Yes or No) circle one. If yes, how many Amps _____

Tent Size (include awnings) _____

Items to be sold (be specific) _____

****Signature of Vendor (indicates agreement with all above terms and conditions approved)
Please sign below:**

Signature Required!!!

Send your Application, Payment for desired number of spaces, and self-addressed stamped envelope to: 50 Estates Dr. Tipp City, OH 45371

.....For Committee Use Only.....

Date received ___/___/___ Check # _____ Amt remitted _____

Space# _____ Mailed Confirmation ___/___/___

www.tippcitymumfestival.org