

VENDOR APPLICATION

Takoma Park's 4th of July Celebration • Registration DEADLINE is Monday, June 4, 2018

Vendor Name _____

Contact Name _____

Cell _____ Day _____ Evening _____

E-mail _____

Mailing address _____

City, state, zip _____

Please indicate your needs and include payment in the form of check, certified check or money order. Make check payable to Takoma Park Independence Day Committee and mail to 11805 Carriage House Dr., Silver Spring, MD. 20904. A Fee of \$15.00 will be charged for returned checks.

— All spaces are 10 feet by 10 feet (except for Food Trucks) —

One AM/morning parade space	\$150.00	} Check one of these options
One PM/evening fireworks space	\$170.00	
One AM/PM Food Truck	\$180.00	

AMOUNT DUE: \$150 \$170 \$180 (AM & PM)

Make Model Year State Tag

Vehicle #1 _____

Vehicle #2 _____

On the lines below list the types of foods, non-alcoholic beverages and other items you would like to offer at the event. Please note that if we receive multiple requests to serve the same type of foods we reserve the right to request a modification of the items on your list. Please list and number your items in order of preference.

Will you be using a generator to supply your power? Yes No

READ AND SIGN:

It is the Vendor's responsibility to obtain a VALID Montgomery County Health Department Permit. Vendor shall indemnify and hold the TPIDC harmless and against all actions, liability, claims, suits, damages, risk of loss, costs or expenses of any kind which may be brought or made against the TPIDC or which the TPIDC must pay and incur by reason of or in any manner resulting from the willful misconduct of the vendor or its agents or employees or the negligent performance or failure to perform by the vendor or its agents or employees, including reasonable attorney's fees, however arising or incurred, for damage to property or injury to or death of any person. Furthermore, under no circumstances shall the TPIDC be liable for any injury to Vendor, including any and all costs and expenses relating in any way to said injury, except where an injury to Vendor shall occur as a direct result of the sole negligence of the TPIDC or its agents. Sign below to indicate that you have read and agree with the rules and regulations contained in this form.

Printed Name

Signature

Date
