



Jamaica My Weekend

Caribbean Music Celebration
August 9, 2009 - Fresno, Ca

Vendor Application

www.towerdistrict.org/jamaicamyweekend

Booth/ Business Name (please print) _____ Resale # _____

Business Owner (please print) _____ Contact Person _____

Business Address: _____ City: _____ State _____ Zip _____

Mailing Address: _____ City: _____ State _____ Zip _____

Phone _____ Email _____ Fax _____

Items Description: **Attach complete items list/menu, and photos!** Price Range: _____

Have you vended at Jamaica My Weekend before? _____ If yes, what year(s) _____

BOOTH REQUEST (check one) Note: if double booth space needed, multiply fee by 2.

_____ **CRAFT BOOTH (10'x15'space) Fee Due: \$ 200 by 7/17 or \$250 by 7/24** Amount \$ _____

includes 2 admissions

_____ **FOOD BOOTH (15'x15'space) Fee Due: \$ 250 by 7/17 or \$300 by 7/24** Amount \$ _____

includes 4 admissions & County Food Permit (download form separately and attach)

Must include proof of insurance & completed County Food Permit Application

_____ **Additional Employee admissions (limit 2) @ \$10 per admission** Amount \$ _____

_____ **CHAIR/TABLE RENTAL** Amount \$ _____

6 ft. Banquet Table: Qty: _____ @ \$10 ea/ Qty: _____ @ Chairs: \$2 ea

TOTAL AMOUNT DUE MUST BE INCLUDED WITH APPLICATION! _____ TOTAL DUE: \$ _____

WAIVER AGREEMENT (Hold Harmless) I agree that I read and understand all vendor information and requirements, and will honor all festival policies stated on this application, and on the Vendor Information Sheet. I acknowledge that this is only an application and that I will be notified by JMW should my application be accepted. Insurance is not included in the booth fee. All vendors need to provide their own insurance. Food vendors must submit proof of insurance with this application and attach Fresno County Food Permit application. The management, the promoter and the City of Fresno shall not be responsible for fire, theft, damage or loss to booth or vehicle or any article in same, or any cause or form of injuries suffered by you or your employees. This constitutes the entire document. Payment for booth constitutes acknowledgement by signatory that he/she has read and agrees to this waiver and the conditions and requirements of JMW. No Refunds after acceptance by JMW.

Signature _____ Date _____

For JMW office use only:

App Rec'd Date _____ Pmt\$ _____ Check/ MO Bank # _____

Accepted Date _____ App Denied/Check Ret.Date _____ Xtra W/B _____