



Vendor Application
Sunday, JUNE 8, 2008

Business / Organization Name _____

Address _____

City _____ State _____ ZIP _____

CONTACT NAME _____

EMAIL _____

DAY TIME PHONE() _____ EVENING PHONE() _____

Booth Fees:

_____ **Winghaven Business \$50**

_____ **Not-For-Profit Organization \$25**

_____ **Concessionaire \$50**

_____ **Commercial Business \$300**

Fee includes a 10 ft. x 10 ft. canopy
Applicant must provide own tables and chairs
Food & beverage vendors must obtain **FOOD PERMIT** from
St. Charles County Health Dept.; Phone (636) 949-7900 ext. 4204.

PLEASE LIST ITEMS TO BE SOLD

All items to be sold or displayed are subject to pre-approval by the Expo Manager

RETURN COMPLETED FORM with CHECK by MAY 15, 2008

MAKE CHECK PAYABLE TO:
CITY OF O'FALLON
OFFICE OF TOURISM & FESTIVALS
100 NORTH MAIN STREET
O'FALLON MO 63366

For additional info call:
Marsha Seymour,
Expo Manager
PHONE: 636.379.5502

-- EVENT IS HELD RAIN OR SHINE --

- The City will assign booth locations and notification will be mailed May 21, 2008
- Vendor is responsible for the set up and teardown of booth.
- Booth set-up will begin at 9:00 a.m. and must be ready by 10:30 a.m. for Health Department inspection. Booths must remain open until 7:00 p.m. All booths must be down by 9:00 p.m. day of event.
- Vendor hours of operation are 11:00 a.m. to 7:00 p.m.
- Vendor is responsible for proper tax number & forms if required.

**WAIVER AND RELEASE OF ALL CLAIMS
AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the City of O'Fallon programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims, damages or losses which you, your staff or your volunteers, minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participate in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or losses, regardless of severity, that my staff or my volunteers, minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I, my staff or my volunteers, or my minor child/ward may have (or accrue to me or my child/ward) against the City of O'Fallon, including its agents, elected officials, employees, and volunteers (hereinafter collectively referred to as City of O'Fallon), including claims of negligence.

I do hereby fully release and forever discharge the City of O'Fallon from any and all claims for injuries, damages, or loss that my staff, my volunteers, my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with City of O'Fallon programs/activities, including claims of negligence.

I also agree to grant full permission to the City of O'Fallon to use my name, photo, video or recording for publicity or promotional purposes without obligation or liability to me, my staff or my family.

I have read and understand the above Waiver and Release of All Claims and Assumption of Risk. Your signature below represents your understanding of this policy.

Signature

Date



Please do not write below this line. For Office Use
FESTIVAL Code# 110.000.4465