

Oakfield Betterment Committee
September 3rd, 4th, and 5th, 2016
“Oakfield Labor Days In The Park”

Vendor Application

Vendor Name: _____
Phone Number: _____
Address: _____
Contact Name: _____
E-Mail Address/website: _____
Sales Tax Id #: _____
Description of Items to be sold: _____ _____
of Booth Spaces Requested (each space is 12x12): _____
Booth Cost: \$40.00 per booth space. All vendors are required to send the \$40.00 non-refundable fee with application and proof of insurance (see attached letter for details).
Check Enclosed: \$ _____ /Check# _____ (Please make checks payable to the Oakfield Betterment Committee)
Please mail signed registration form, payment and insurance certificate to: <p style="text-align: center;">Oakfield Betterment Committee Attn : Craft Chair P.O. Box 2 Oakfield, New York 14125</p>

Acknowledgement and Release

I have received and agree to the Rules and Regulations regarding the assignments of location, hours of operation, clean-up and agree to follow the guidelines during my participation in the 2016 Oakfield Labor Days in the Park. I accept that the Oakfield Betterment Committee shall not be responsible for injury, mishap, financial impact or bad weather. I further understand that I am solely responsible for collection and/or payment of any tax.

Signature: _____ Date: _____

Printed Name: _____