

# American West Heritage Center

## Vendor Application & Agreement Form

Event for Which you would like to be a vendor (a separate sheet must be filled out for each event):	
Name of Vendor or Business:	
Name of Contact Person:	E-mail (print clearly)
Phone:	Address:
What products or services would you like to provide? If a food vendor, please provide an EXACT menu ( <i>from which you will not deviate</i> ) with prices. Attach additional information if needed.	
Describe how your product or service is conducive to the event, to our old-fashioned atmosphere:	
Check any of the following that you need (extra charges may apply): <input type="checkbox"/> Power (electrical outlet) May not be directly adjacent to your station; we do not rent out extension cords. If you check this, please tell us your power wattage needs: _____ <input type="checkbox"/> Running culinary water - will not be adjacent to your station. <input type="checkbox"/> Canopy or tent (\$150) <input type="checkbox"/> Indoors (no charge but may not be possible) <input type="checkbox"/> Banquet table \$25 rental fee (we do not provide linens or table clothes) <input type="checkbox"/> Other: Please describe: _____	
Fees: <input type="checkbox"/> \$20 non-refundable reservation fee. <input type="checkbox"/> Craft Vendors: 15% of total sales up to \$150 <input type="checkbox"/> Food Vendors: 15% of total sales All fees MUST be paid on the last day of the festival before the vendors leave.	
<input type="checkbox"/> All vendors MUST provide proof of insurance, naming the AWHC as "additional insured." <input type="checkbox"/> I certify that I have or will have all permits and/or licenses required to sell my product or services and provide copies of such. Please sign below. <input type="checkbox"/> I agree to participate as a vendor with all listed terms and conditions above. I understand that this agreement shall not be valid until approved and signed by a representative of the American West Heritage Center.	
Vendor Signature: _____ Date: _____	
AWHC Representative: _____ Date: _____	