

Sturgis Falls Street Fair Vendor Application

Name _____

Company Name _____

Street _____

City _____ State _____ Zip _____

Telephone # _____

Iowa Sales Tax # _____ (required by Iowa Dept. of Finance)

Federal Tax ID # _____

Category Art _____ Craft _____ Non-profit _____

(Please describe) _____

Would you like the same location as last year if it were available when your application is received? Yes _____ No _____
(Space assignment begins March 15th)

Comments: _____

IF ACCEPTED, WE ACCEPT FULL RESPONSIBILITY FOR ALL LIABILITY FOR DAMAGES TO PERSONS OR PROPERTY ARISING OUT OF OUR USE AND OCCUPANCY OF THESE PREMISES. WE FURTHER UNDERSTAND THAT THE PREMISES BEING USED ARE THE PROPERTY OF THE CITY OF CEDAR FALLS. WE ALSO UNDERSTAND THAT THE CITY, STURGIS FALLS CELEBRATION, INC. AND CEDAR BASIN JAZZ FESTIVAL, INC. DO NOT ASSUME ANY RESPONSIBILITY FOR DAMAGES OR LOSSES THAT MAY OCCUR TO THE VENDOR, ITS EMPLOYEES, ITS AGENTS, OR ITS PROPERTY BY REASON OF ITS OCCUPANCY. WE FURTHER AGREE TO INDEMNIFY STURGIS FALLS CELEBRATION, INC., CEDAR BASIN JAZZ FESTIVAL, INC., AND THE CITY OF CEDAR FALLS, IOWA FOR ANY AND ALL DAMAGES WHICH THEY MAY INCUR DUE TO OUR USE AND OCCUPANCY OF THE PREMISES. ONCE ACCEPTED, NO REFUNDS WILL BE ISSUED.

Signature _____

Date _____

Registration Fee of \$75 must be received before application can be considered. Applications received after 6/1/10 must have registration fee paid in certified funds, money order or the like. No applications will be accepted after June 15th. Please mail to the following:

STURGIS FALLS USE ONLY:

Sturgis Falls Celebration Date Received _____ Photo Enclosed ___ Yes ___ No

Linda Kennedy Amount Received _____ Assigned Location(s) _____

943 Parkway Court Check # _____

Cedar Falls, IA 50613 sturgisstreeffair@gmail.com