



# Spring Fling

## MASON SHOP LOCAL VENDOR BOOTH APPLICATION

SPRING FLING – Wednesday, April 22, 2015 • 9 a.m. – 4 p.m.

REGISTRATION OPENS: February 26, 2015

REGISTRATION DEADLINE: March 25, 2015

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### BOOTH INFORMATION

To assure adequate vendor placement, it is necessary to have detailed information regarding your product. List the complete description of items for sale:

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The City will provide one 6-foot table and chair at each vendor space. List any special set-up needs (Ex: electricity, additional chair, etc.). Regarding electricity, please bring an extension cord and provide a brief description of equipment being brought to the event.

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*Please include additional sheets of information if needed*

# 2015 SHOP LOCAL LIABILITY RELEASE Indemnity (Hold Harmless) Agreement

\_\_\_\_\_ shall indemnify, hold harmless and defend the City of  
*(Name of organization)*  
Mason, Ohio, its elected and appointed officials, all employees, agents, all boards, commissions and all  
volunteers against any and all liability, loss, costs, damages, expenses, claims or actions including any attorney  
fees, which the City of Mason, its officers, employees, agents, all boards, commissions and volunteers may incur  
or be required to pay arising out of or by any act or omission on the part of my organization while conducting  
business at the 2015 Shop Local. I understand that the City of Mason is NOT liable or responsible for my  
organization in any way of injuries sustained, damages incurred or accidents occurring to my organization or its  
patrons during the 2015 Shop Local.

I, \_\_\_\_\_ am at least eighteen (18) years of age and I have read  
*(Authorized Representative)*  
and understand the preceding statement, releasing the City of Mason from any and all liability related to my  
organization's participation and/or involvement in the Shop Local Event.

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

# MASON SHOP LOCAL

Wednesday, April 22, 2015

9:00am - 4:00pm

## BOOTH APPLICATION CHECKLIST

*(Please keep for your records)*

*The following items MUST BE RECEIVED BY Wednesday, March 25, 2015. Remember, we have limited space for vendors. Get your application in early to secure your spot. Spaces are assigned on a first come first served basis. PLEASE NOTE: There will no space available for vendors to bring additional tables and no corner booth spaces. All merchandise must be displayed on or behind the vendor table. You will receive notice from our office within one week of receiving your application and payment.*

*Set up begins at 8:00 a.m. For your convenience, the City will provide one 6-foot table and one folding chair.*

1. \_\_\_\_\_ The completed **2015 Vendor Booth Application**
2. \_\_\_\_\_ A certificate of insurance, if possible
3. \_\_\_\_\_ The **Liability Release** form, signed and dated
4. \_\_\_\_\_ **\$25 check** made payable to **City of Mason**

### **Please mail, email, fax, or drop off application to:**

City of Mason Municipal Center  
6000 Mason-Montgomery Road  
Mason, OH 45040

Fax: 513.229.8511

### **Please direct questions to:**

Nancy Hickey  
Administration  
6000 Mason-Montgomery Rd.  
Mason, OH 45040  
513.229.8500 ext. 1023  
[nhickey@masonoh.org](mailto:nhickey@masonoh.org)

Cady Meece  
Mason Community Center  
6050 Mason-Montgomery Rd.  
Mason, OH 45040  
513-229-8555 ext. 5502  
[cmeece@masonoh.org](mailto:cmeece@masonoh.org)

Patti Mulkie  
Mason Community Center  
6050 Mason-Montgomery Rd.  
Mason, OH 45040  
513-229-8555 ext. 5502  
[pmulkie@masonoh.org](mailto:pmulkie@masonoh.org)