

SHOP LOCAL

presented by Mason Community Center

VENDOR BOOTH APPLICATION
Saturday, September 13, 2014 • 9:00am-3:00pm
REGISTRATION OPENS: July 10, 2014
REGISTRATION DEADLINE: August 15, 2014

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 needs. List a complete description of items for sale:

List any special set-up needs (Ex: electricity, table, additional chair, etc.). Regarding electricity, please provide a brief description of equipment being brought to event including amp/volts input:

Please include additional sheets of information if needed

2014 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 2014 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 2014 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

Saturday, September 13, 2014

9:00am - 3:00pm

BOOTH APPLICATION CHECKLIST

The following items MUST BE RECEIVED BY Monday, August 15, 2014. 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. 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 2014 **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 Road
Mason, OH 45040
513.229.8500
nhickey@masonoh.org