



Final Friday Downtown Event Vendor Registration Form

Date Rec _____
Booth # _____
Table _____
Electricity _____
Water _____
Month (s) _____

Vendor Name: _____

Phone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact (name and phone #) for day of event: _____

Type of Booth & Description: Please indicate type and provide description

_____ Food _____ Arts/Crafts (handcrafted items only) _____ Home-Based Business (New items only)

Description: _____

All Vendor spaces are approximately 10 x 10. **Tables/chairs are not provided. Please note: Electrical and water spaces are limited and reserved on a first-come, first-serve basis.** _____ Electricity _____ Water

Waiver: Chattahoochee Main Street reserves the right to refuse any vendor application with return of vendor fee. The Vendor shall defend, save and hold harmless the City of Chattahoochee, Chattahoochee Main Street, Final Friday Event, their respective officers, agents, board members, staff, volunteers, sponsors and assigns from any claims, damages, losses, liability or expense which may arise, and shall not be held responsible for any loss or damage due to fire, accident, theft, weather, acts of God, vandalism or any other loss or injury whatsoever or not specially described herein, whether past, present or future. Booths are not insured by the City of Chattahoochee, Chattahoochee Main Street, or any sponsoring agents. Exhibitors must make provisions for safeguarding their goods. Exhibitor assumes full liability for protecting, care, and maintenance of exhibitor's property. ANY VENDOR NOT HOLDING VALID LIABILITY INSURANCE EXHIBITS AT THEIR OWN RISK AND ASSUMES ALL LIABILITY.

Designation of Responsibility: As a lessee and a participant in this event, I understand I am responsible for obtaining all proper licenses and certificates, collecting and paying all applicable taxes and adhering to all applicable laws, rules, and regulations of the State of Florida.

Please sign to acknowledge that you have read all of the information, rules, and regulations and agree to be bound by this contract.

Signed: _____ Date: _____

Check one: Booth _____ \$25.00 Group Table _____ \$10.00 per person (limit 3 people)

Applications **MUST BE RECEIVED BY CMS NO LATER THAN THE 15TH OF THE MONTH FOR WHICH YOU ARE APPLYING** and will be accepted with payment rendered to: **Chattahoochee Main Street, Inc. P.O. Box 324, Chattahoochee, Florida 32324**. For more information, contact Chattahoochee Main Street at 850-663-2323 or by email: info@chattahoocheemainstreet.org