

Vendor Application

Contact Information

Business Name	
Contact Name	
Street Address	
City, State, ZIP	
Work Phone	
Cell or Home Phone	
E-Mail Address	

Detailed Description of Business / Craft ***more room on back of application**

Booth Space (10' by 10' spaces)

Returning Vendors- Early Registration by **4/1/2023 w/payment for previous vendor space.** Please list the booth ID # from 2022_____. All Vendors Applications must be received by Monday May 22,2023. Availability first come first served.

Vendor Type (Please Select one):

Retail Promotional	Food
\$75 for Profit \$65 for Non-Profit (*must send proof of non-profit status)	\$110 for Profit \$75 for Non-Profit (*must have proof of non-profit status) Electric Required Type of food(s) sold:

Calculate Costs: Number of requested spots ____ x Space Cost ____ = ____

(Total amount enclosed with Application)

***Make Checks payable to Rising Sun Chamber of Commerce**

Email: SunFest@RisingSunChamber.org

Mail to: **Rising Sun Chamber of Commerce P.O. Box 983 Rising Sun, MD 21911**

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, ZIP Code	
Cell Phone	

LIABILITY WAIVER I, the registrant or parent/guardian of the registrant, agrees that I will abide by the rules of Rising Sun Chamber of Commerce as set forth in the invitation to participate letter. Recognizing the possibility of physical injury associated with the activity and in consideration of Rising Sun Chamber of Commerce, the Sunfest Committee, the Community Fire Company of Rising Sun, the Town of Rising Sun and the employees, officers, directors, agents, successors and assigns of said parties from any claims resulting from the registrant's participation in the event. I acknowledge that Rising Sun Chamber of Commerce does not carry accident and health insurance and assure Rising Sun Chamber of Commerce that the registrant is fully covered by medical insurance.

INSURANCE REQUIREMENTS FOR VENDORS –Vendors must provide a Certificate of Liability with the following limits and wording– Commercial General Liability Insurance: Including Bodily Injury and Property Damage Liability, Independent Contractors Liability, Contractual Liability, Product Liability and Completed Operations Liability in an amount not less than \$1,000,000 combined single limit, per occurrence, and \$2,000,000 aggregate. Vendors and contractors shall name Greater Rising Sun Chamber of Commerce as an additional insured on its general liability insurance policy as it pertains to the event and shall provide a 30-day notice of cancellation or non-renewal of coverage to the Greater Rising Sun Chamber of Commerce. Such insurance must be primary as to any other valid and collectible insurance.

Important Notes: You are responsible for collecting and submitting the 6% Maryland Sales Tax. Valid trader license should be present where applicable.

This year's Sunfest will be on Saturday **June 3, 2023**. Again, there will **NOT** be a rain date. We will attempt to assign the same space for returning vendors however it is first come first served.

APPLICATION AND PAYMENT DUE BY MAY 23, 2023

**Mail to: Rising Sun Chamber of Commerce
P.O. Box 983
Rising Sun, MD 21911**

Do's & Do Not's

1. Please, no cans of silly string or other items that can create a nuisance, be abused or create unnecessary trash.
2. Remember that this is a family event; the Sunfest Committee reserves the right to request that any Vendor of items not deemed to be suitable for viewing by all ages be removed from your display(s).
3. Set up will begin at **6:00 AM for Vendors located in Rising Sun Pharmacy parking lot ONLY & starting at 6:30 for all other Vendors (another email with information and Vender location assignments will be emailed with a map at a later time)** and break down will not start until **3:30 PM**. We ask that all Vendors please clean up your area, we greatly would appreciate your help.
4. No vehicles will be allowed back in the area until after 3:30PM.
5. Event times, further instructions and information to follow in an additional email to Vendors

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	