

COUNTRY FAIR

Application for Paid 2019 Vendor Space

Category	BEFORE	AFTER	# of Spaces	Amount
	June 29 th Early Bird Price	June 29 th		
Vendor Booths	\$130	\$140	_____	_____
Food Booths	\$200	\$215	_____	_____
Non-Profit	\$80	\$90	_____	_____
Electricity (1 space) Maximum amps 20	\$25	\$25	_____	_____
Paypal fee (per booth)	\$5	\$5	_____	_____

Total Enclosed (No Checks, Please) _____

Make Money Orders payable to Riverhead Country Fair or submit payment via PayPal by visiting our website (additional fee applies). Electric supply limited – please consider an alternative

- GENERATORS PERMITTED (subject to inspection by fire marshall) •
- ATTACH A LIST OF ALL MERCHANDISE OR FOOD TO BE SOLD •

* ONLY ITEMS LISTED MAY BE SOLD AT YOUR BOOTH • PLEASE PRINT CLEARLY.

Please include email address as that is the easiest way for us to reach you if we have a question or concern.

Name _____ Address _____

Town _____ State _____ Zip _____ Phone _____

Email Address: _____

Business or Organization _____

If non-profit, Tax Exempt Number _____ NYS Sales Tax Number _____

I have read and understand the regulations. I am aware that failure to abide by these guidelines may result in removal from the fairgrounds with no refund. This is a rain or shine event and no refunds will be given if the fair is cancelled.

Signature _____ Date _____

Refer a friend – Please include full name and business name (if applicable)

I referred the following friend(s): _____

I was referred by the following friend: _____

Until all items listed below are received your application will NOT be considered complete and your space will NOT be assigned – **NO EXCEPTIONS!**

Send all entries to:

Riverhead Country Fair, P.O. Box 869, Riverhead, NY 11901-0801

✓ Check List

- | | |
|---|---|
| <input type="checkbox"/> Money order <u>enclosed</u> (No checks) or payment sent via PayPal | <input type="checkbox"/> List of all items to be sold |
| <input type="checkbox"/> Self-addressed, stamped envelope <u>enclosed</u> | <input type="checkbox"/> Picture of display <u>enclosed</u> |
| <input type="checkbox"/> Photocopy of NYS Sales Tax Certificate <u>enclosed</u> | <input type="checkbox"/> Indemnification signed |

For more information (631) 727-1215

Riverhead Townscape - PO BOX 869 Riverhead NY 11901

Release of Liability

I voluntarily assume full responsibility for any & All risks or loss, property damage, or personal injury, including death that may be sustained by me, or loss and or damage to property owned by me, as a result of participation in the Riverhead Country Fair on Sunday October 13th 2019.

I hereby Release, Waive, Discharge and covenant not to sue, The Riverhead Country Fair, Riverhead Townscape, their officers, servants, agents and employees and volunteers (hereinafter referred to as RELEASEES) from any and all liability claims, demands, actions and cause of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in the event on above said date or while on the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of New York.

In signing this release, I acknowledge and represent that I have read the forgoing Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or Inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

I HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF ALL RISK.

Participant's Signature

DATE: _____

Name (Print) _____

Address _____

City _____ State _____ Zip _____ Email _____