



Vendor Registration

3rd Saturday April – October
10 AM – 4 PM

- Vendor Fee - \$25/Saturday OR reserve all 7 Saturdays by April 9 and get one FREE (\$150).
- Food Vendor Fee - \$50/Saturday OR reserve all 7 Saturdays by April 9 and get one FREE (\$300).
- Space is 10x10, you are responsible for your own chairs & tables, food vendors must provide their own water & generators (must not be loud).
- Set up locations for all vendors will be determined by the Stanton DDA and communicated the Friday before.
- Only ONE vendor per company (i.e. Pampered Chef, Thirty-One, etc.) in order of registration.
- Official set up time begins at 8 AM each Saturday, no earlier but later is OK.
- *Food Vendors MUST submit a Certificate of Liability from their insurance company. The 'City of Stanton' MUST be listed as 'Additional Insured' on the policy.*
- Stanton DDA reserves the right to refuse any participant or merchandise.

Applicant Information

Description of craft, product, or food:	Organization/Company:
Name of Contact:	Address:
Phone:	Email:

Check: Please share my information with other local event committees who may request it.

Circle which dates you are registering for:

April 17 May 15 June 19 July 17 Aug 21 Sept 18 Oct 16

WAIVER

As an authorized representative of the organization/company named above, I do hereby agree to hold harmless The City of Stanton, Stanton DDA and their agents, volunteers, employees, officers, directors, members, and commission members from all claims of liability, which shall include (but not be limited to) loss, injury, damage, or death of any persons or property that may occur preceding, during, or after the Stanton Sidewalk Sales, even if arising from any acts, omissions, negligence, or misconduct. I fully assume all risks that include (but are not limited to) loss, injury, damage, or death that may occur as a result of, or related in any way to, being a vendor at the Stanton Sidewalk Sales on the above mentioned dates. My signature below indicates that on behalf of my organization/company and of myself, I have read, understood, and accepted the terms of this waiver.

Signature: _____ Date: _____

PLEASE RETURN APPLICATION & PAYMENT TO:

Stanton City Hall, 225 S Camburn St. Stanton, MI 48888 or P.O. Box 449 Stanton, MI 48888
For more information contact Rachael Coffey at (989) 831-4440

OFFICE USE ONLY

Date Received: _____ Payment Info: _____