

2017 POOLESVILLE DAY

SEPTEMBER 16, 2017 10:00 am -4:00 pm

ARTISAN EXHIBITOR APPLICATION

EXHIBITOR CATEGORY	EARLY BIRD FEE PER SPACE Deadline: June 9th	FEE PER SPACE June 10th – Aug. 16th
<input type="checkbox"/> For-Profit	\$80.00	\$100.00
<input type="checkbox"/> PACC Member	\$60.00	\$80.00
<input type="checkbox"/> Non-Profit *	\$40.00	\$60.00
<input type="checkbox"/> Service (police, & fire)	No Fee	No Fee
<input type="checkbox"/> Using own property	No Fee	No Fee

-Booth spaces are 12'x12'. Fees include booth space and listing in print and electronic advertising

-Exhibitors must supply their own tents, tables, chairs and signage. Festival takes place rain or shine!

-*Non-profit organizations are Scout groups, churches and volunteer groups ONLY.

Please fill out the following information to participate in Poolesville Day. (Please print) **Email is main form of contact.**

Name of person or group: _____

Contact person: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Email address: _____ Website: _____

Type of Activity/Products: (list all products to be sold) **(Note: No silly string, shaving cream, or Bang snaps (also known as Throwdowns, snap-its, poppers, pop-its, snappers, whip'n pops, whipper snappers, fun snaps or snap'n pops)**

Were you an exhibitor at Poolesville Day 2016? (Please circle) Yes No If yes, would you like the same space? Yes No

Are you interested in being a Poolesville Day Sponsor (Please circle) Yes No

Applications must be received by June 9th, 2017 in order to guarantee same space

Payment must be made in full with the application. Payments must be received by August 17, 2016.

Cash or Checks only.

Please make all checks payable to: Poolesville Day Committee, Inc.

Mail payment and application to: Poolesville Day Committee, Inc., P.O. Box 4, Poolesville, MD 20837-0004.

Refund Policy:

Full refunds will be given to exhibitors who cancel by written letter 30 days prior to festival day.

Cancellations must be made in writing/mailed to: Poolesville Day, P.O. Box 4, Poolesville, MD 20837

Returned Check Policy:

A \$25 fee will be charged for any returned checks by Vendor's bank.

PAYMENT PROCEDURE

Payments must be made in full with application.

Applications must be received by, August 16th

No additions after Sept. 9th

Please read and sign the second page. ****DO NOT SUBMIT WITHOUT SIGNED SECOND PAGE****

www.poolesvilleday.com / poolesvilleday@yahoo.com / 301-349-2123

2017 POOLESVILLE DAY EXHIBITOR AGREEMENT

By signing below, I as the recognized representative for the person/group filling out this application, hereby understand and agree to the following:

1. If I am selling any type of food or beverage--even bottled water or prepackaged goods--I must have a permit from the Montgomery County Health Department (240-777-3986) and a covered area from which to prepare and serve food. Inspections will be given onsite by a Health Department representative. *I will provide a copy of the permit to the Poolesville Day Committee, Inc. prior to the date of the festival.*
2. I must supply my own tents, tables, chairs, signage, power and all other logistics (unless agreement is worked out with the Poolesville Day Committee in advance for special circumstances).
3. I am responsible for collecting sales tax and filing any required documentation. For information on sales tax, call the State of Maryland at (800) 492-1751.
4. If I am planning any type of raffle (selling chances at winning a prize), I must have a permit from the Montgomery County Department of Health and Human Services (240-777-3833).
5. On behalf of my group, and myself I hereby waive any and all liability that may arise on the part of Poolesville Day and/or its Committee, Sponsors/Co-Sponsors regarding a personal injury or damage to equipment occurring on Poolesville Day.
6. **I understand that the Poolesville Day Committee, Inc. (PDC) has the final authority on vendor participation, location and the types of acceptable food and activities.** The Committee will do its best to duplicate correctly all participant information, but is not responsible for errors or omissions.
7. I understand that I must sell only those products or provide only those activities that I have listed on the application. The refusal to do this could result in the Committee closing down my booth.
8. I consent to having my name given to all government organizations that request a list of vendors. Failure to consent means denial of my application.
9. I understand that all vendors must remain set-up throughout the entire festival and may not leave early without prior permission from the Poolesville Day Committee Chairperson, Faith Etheridge or Exhibitor Chairperson, Cathy Bupp.
10. I give permission to the Poolesville Day Committee, Inc. to use any photographs taken for marketing purposes in the future. APPLICATIONS MUST BE RECEIVED by AUGUST 16th.

Signature

Print Name

Date

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