

29TH ANNUAL

FIESTA SEPTIEMBRE MERCADO

SATURDAY, SEPTEMBER 2, 2017



LOCATION: Wickenburg Community Center
160 N. Valentine Street, Wickenburg, AZ 85390

ENTERTAINMENT: 11:00 A.M. - 6:00 P.M.

FEE: Arts & Crafts \$50.00; Retail \$75.00; Food \$175.00 + Insurance \$300.00 Commercial

SPACE: 10 x 10 - outdoors, 160 N. Valentine Street (no shaded areas)

SET-UP: 8:30 A.M. - 10:30 A.M. (ready to open by 11:00 A.M.)

VENDOR TIME: 11:00 A.M. - 5:00 P.M.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL: _____

***TAX ID#:** _____ **License Plate #** _____ ***REQUIRED**

FOOD SPACE _____ RETAIL _____ ARTS & CRAFTS _____

ELECTRICAL NEEDS FOR FOOD _____ MENU (please enclose)

TYPE OF ITEMS _____

_____ AMOUNT ENCLOSED _____

Visa • MasterCard • Discover Accepted

Card Number _____ **Expires** _____

Name as it Appears of card: _____

Signature: _____

*** FOOD VENDORS MUST HAVE HEALTH PERMIT. (REQUIRED) AND CERTIFICATE OF LIABILITY INSURANCE MUST ACCOMPANY APPLICATION. To obtain a Maricopa County Food Handlers Permit. (602)506-6978**

1001 N. Central Ave. #100 Phoenix, AZ 85004 Phone: (602)506-6978 SpecialEvents@mail.maricopa.gov
<https://www.maricopa.gov/DocumentCenter/Home/View/6283>

**** ALL VENDORS ARE RESPONSIBLE FOR THEIR OWN SIGNS, TABLES, CHAIRS, SHADE, AWNING, DISPLAYS, ETC...**

DEADLINE: RETURN APPLICATION WITH CHECK, MONEY ORDER, OR CREDIT CARD INFORMATION TO BE RECEIVED BY 8/30/16

TO: THE WICKENBURG CHAMBER OF COMMERCE 216 N. Frontier St., Wickenburg, AZ 85390

For more info: (928) 684-5479 or email: events@wickenburgchamber.com

INDEMNIFICATION FORM

For good and valuable consideration, I/We, the undersigned
vendor(s), doing business as _____,

address of which is _____,

do hereby agree to indemnify and hold the Wickenburg Chamber of Commerce, hereinafter referred to as the Chamber, harmless of and from any and all liability, loss or damage which the Chamber may suffer as a result of claims, demands, costs or judgments against it arising from the operation of the above named business in connection with our activities during or stemming from the 29th Annual Fiesta de Septiembre to be held on September 2, 2017. This Policy shall be primary and non-contributory. The Wickenburg Chamber of Commerce, AKA The Round up Club, its officers, employees, board members and agents, the Town of Wickenburg, its Town Council, employees, and agents are hereby named as additional insured, by only insofar as the vendor's operations are concerned during September 2, 2017.

In the event that legal action is taken against the Chamber arising from our acts or alleged to have arising from our acts, we shall retain competent legal counsel to represent the Chamber and we shall indemnify the Chamber of and from any costs therefore.

Dated this _____ day of _____, 2017.

Signature

Return forms and payment to:

WICKENBURG CHAMBER OF COMMERCE

Fiesta de Septiembre
216 N. Frontier Street
Wickenburg, AZ 85390

For additional information: (928) 684-5479

Or email us at: events@wickenburgchamber.com or
info@wickenburgchamber.com

