

## INDEPENDENCE DAYS - 2023

**VENDOR APPLICATION** 

City of Independence 555 S. Main St./ P.O. Box 7 Independence, OR 97351 Phone 503-838-1212 / Fax 503-606-3282

## **OFFICE USE ONLY**

Date Received:

Received By:

Fee:

Space #:

	APPLICANT	INFORMATION	
Organization:			
Contact Name:			
Email:		Phone/Cell:	Okay to Text:
Mailing Address:			
City:		State:	Zip:
	TYPE O	F VENDOR	
Please check all that Apply	Fee for Type	Number of Spaces	Total Fee (Fee x Number of Spaces)
Mobile Vendor (During Parade Only)	\$35		(Fee) X (# Spaces) = \$
Craft/Commercial Vendor	\$350 (\$400 after May 15)		(Fee) X (# Spaces) = \$
Food Vendor	\$500 (\$600 after May 15)		(Fee) X (# Spaces) = \$
CLEANING DEPOSI TOTAL DUE (make ci	,	* ,	\$ 50.00
back of this form or a separate sh	eet to include all it	÷ ,	ee Vendor Handbook for rules, use
Booth Style:	🗖 Tent	Trailer	Total Length of Trailer:
Electrical Needs:	<b>1</b> 20v	<b>2</b> 40v	Watts:
Location Preference:			
🗖 Upper Pavilion 🔲 C Street 🔲 Lower Park – Park Side 🔲 Lower Park – River Side			
# of Vendor Passes: (Only for those working open booth hours, 1 per employee per event)			
		AL AGREEMEN	
1 S			o comply with the rules and regulations set
of this application, the undersigned furth Independence Days Commission and its liabilities whatsoever arising out of the ap	er agrees to indemnify representatives, the C	y, hold harmless, and de ity of Independence, or	any other sponsors from and against all
of this application, the undersigned furth Independence Days Commission and its	er agrees to indemnify representatives, the C	y, hold harmless, and de ity of Independence, or	efend against any actions against the any other sponsors from and against all