

VENDOR REGISTRATION

Company Name: _____

Contact Name: _____

Street Address: _____

City: _____

Email: _____

Phone: _____

Cell: _____ Fax: _____

What do you want to vend? _____

Number 10 x 10 spaces you need _____ Type of booth, trailer, etc, you will use:

Do you need a 110 electric hookup? _____ (20Amp Maximum)

NOTE: There are NO 220 hookups available. Will you use a generator? _____

Spaces are \$50.00 per space for the event.

Any food product vending MUST be specifically noted above and APPROVED IN ADVANCE.

(Call Carol @ 918-776-7920 to request other information.)

Vendor does hereby hold harmless Sallisaw Main Street, Inc. and all event sponsors in conjunction with this event from any loss, damage, injury, claims, causes of action, theft or payment resulting from direct or indirect participation in this event, including by not limited to the cost of defending any said claims or cause of action including attorney's fees. Said vendor does hereby agree to obey all applicable Federal and State laws and local ordinances during its participation directly or indirectly in this event to include the payment of required sales tax (if any).

Signature _____ Date _____

Mail completed form with check or money order to: Sallisaw Main Street
P.O. Box 1078
Sallisaw, Ok. 74955