**Vendor Registration Form**

Company/Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (optional)

**Booth Information**

Type of Vendor: \_\_\_\_\_ Food \_\_\_\_\_ Arts/Crafts/Antique \_\_\_\_\_ Information \_\_\_\_\_\_ Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Product/Services Description: Please provide a description of all Please provide a description of all items being displayed, promoted, and/or sold. Attach a separate sheet if necessary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Booth Size Requested**

\_\_\_\_\_\_ 10’ x 10’ – Cost is $40

\_\_\_\_\_\_ Additional 10’ X 10’ $10

Custom Size \_\_\_\_\_\_\_\_\_\_\_. Call for pricing.

Specify Size

**Electricity Requested - $10 (subject to approval)**

**(Generators welcome)**

\_\_\_\_\_ Yes or \_\_\_\_\_ No

Vendors are required to provide their own cords (minimum 12 gauge, 3 prong, grounded extension cord)

**Water Requested – $10 (subject to approval, only 3 spots)**

\_\_\_\_\_ Yes or \_\_\_\_\_ No

**Schedule**

CHECK-IN AND SETUP – Saturday, July 15th 7 AM-11 AM (early setup by special arrangement)

FESTIVAL HOURS – Saturday, July 15th, 11 AM to 10 PM

CLEAN-UP AND TEAR DOWN – Saturday, July 15th after the fireworks or Sunday, July 16th by NOON.

**Checklist**

1. Complete and sign the Vendor Registration Form/Application for Peddlers, Solicitors & Itinerant Merchants, make sure you review all the terms of agreement included with the form.
2. Enclose a check made payable to Village of Stanford for your booth space and permit fee.
3. Food vendors, provide a copy of proof of insurance (with application) and health department permit (before serving food at festival)
4. Mail all documents and payments to: **Stanford Vendors, PO Box 266, Stanford, IL 61774**.
5. Questions or inquiries can be directed to Megan Phillips at Email: festival@stanford-il.org or Phone: 309-379-2251

Vendor Initials: \_\_\_\_\_ Village of Stanford Approval: \_\_\_\_\_\_

**Terms of Agreement:**

1. The Village of Stanford reserves the right to decline or revoke any application at its discretion at any time.
2. The Village of Stanford reserves the right to limit or deny vendors who are providing duplicate goods/services.
3. No Vendor shall exhibit any merchandise or service not specified on this agreement.
4. The Vendor will exhibit in a professional manner. The Village of Stanford shall have the final decision as to what constitutes a proper exhibit, and such decision shall be final and binding. If for any reason the committee deems an exhibit and/or its contents objectionable, the exhibit will be removed.
5. The Vendor agrees to participate in the entire festival or to make alternate arrangements with the village. This includes prompt setup of booths during the scheduled setup time; booth shall be open and staffed during scheduled festival hours, and prompt removal at the conclusion of the festival.
6. Vendors are responsible for providing their own equipment including, but not limited to, tents, tables, chairs, water (unless otherwise arranged), hoses, and power cords.
7. Motor vehicles may not be allowed to remain with the space. Trailers allowed during set up and clean up times only. No trailers, campers, or sleeping tents allowed overnight.
8. No live animals.
9. The Village of Stanford will choose the location for each vendor.
10. All vendors are required to hold their own liability insurance. Vendors are not covered under any festival insurance. Food vendors ONLY are required to provide proof of insurance with application (Minimum $1,000,000 per occurrence and $50,000 property damage).
11. Food vendors are required to provide proof of an approved McLean County Health Permit before serving food at the festival.
12. All vendors are required by the Village of Stanford to complete the Application for Peddlers, Solicitors, & Itinerant Merchants Form and obtain a vendor permit at the cost of $10.
13. Vendor space shall not be sublet or shared without the permission of the Village of Stanford.
14. If the booth space is not occupied by 8 am on Saturday, July 15th, 2023, or alternate arrangements have not been made, the booth will be considered a no-show and the space will be forfeited. This forfeited space may be resold, reassigned, or used by the Village of Stanford and no refunds will be issued to the Vendor.
15. Should any contingency interrupt or prevent the Good Old Jubilee activities, including but not limited to inclement weather, acts of God, individual disturbances, or any other cause, the Village of Stanford shall in no way be liable to the Vendor.
16. The Village of Stanford, nor any of its members, shall be responsible for theft, damage, or injury and the Vendor agrees to hold the Village of Stanford harmless for any claim of liability. The below signed will save and hold harmless the above listed from all loss, damage, or injury which might be sustained or become liable for, to any person or persons arising whomever, or property, arising from any cause or for any reason whatsoever in and about, during and/or because of this event.

Upon this application being accepted and signed by an authorized member of the Village of Stanford, this becomes a binding agreement. The Company/Organization/Individual listed above is subject to and agrees with all conditions stated on the agreement.

I certify that I have read the Village of Stanford Vendor Application Form and agree to all terms and guidelines specified therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Signature Village of Stanford, Clerk

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Name (Please Print) Village of Stanford, Clerk (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

**APPLICATION FOR**

**PEDDLERS, SOLICITORS & ITINERANT MERCHANTS**

License Requirements as stated in Stanford Municipal Code Section 112.02:

(a) Any person who is an itinerant merchant, peddler, or solicitor shall obtain a license before engaging in such activity within the Village.

(b) The fee for the license required by this Chapter will be set by the Board of Trustees.

(c) No license issued under this Chapter shall be transferable.

(d) All license issued under this Chapter shall expire 90 days after the date of issuance thereof

1. Applicant’s information :( Please submit a copy of a Driver’s License/ID card for each name)

Last Name: First Name: MI: \_\_\_\_\_\_\_\_\_\_\_

Address: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: Sex: \_\_\_Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*PLEASE BE ADVISED, anyone working with the above-mentioned applicant will be required to have a photo ID on their person and may be asked at any time to present it to the proper authority for a background check. If the photo ID is not available or the check is refused, all participants may be asked to leave. \*\***

Please list the following for each vehicle that may be used while conducting business:

Vehicle year: Vehicle Make: Vehicle Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the nature or type/quality of goods or service that will be offered:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will there be any advertisement for such business and its nature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the Applicant/Co-Applicants/Managers/Supervisors identified within this application been convicted of any crime or misdemeanor and, if so, the nature of each offense and the penalty assessed for each offense:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING IF YOU WILL BE CONDUCTING BUSINESS UNDER A CORPORATION’S NAME:

Name of Management Authority/Supervisor of Applicant:

Local Address of Manger/Supervisor:

Permanent Address of Manager/Supervisor:

The capacity in which such individual will act:

The name and address of person, if any, for whose purpose the business will be carried on,

and, if a corporation, the state of incorporation:

applicants for peddler or solicitor license may be required to provide further information concerning the following items, in addition to that requested above. All applicants for licenses required by this chapter shall attach to their application, if required by the Village, credentials from the person, if any, for which the application proposes to do business, authorizing the applicant to act as such representative.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature of Applicant: Date: