

# LeMay 2020 Craft and Vintage Fair Vendor Application

Booth Move-In:	Friday, October 16 <sup>th,</sup> 4 pm - 8 pm	
Event Date	Saturday, October 17 <sup>th,</sup> 10 am – 5 pm	
	Sunday, October 18 <sup>th,</sup> 10 am – 4 pm	
Booth Move Out	Sunday, October 18th after 4 pm	
Event Location:	325 152 <sup>nd</sup> St E, Tacoma, WA 98445	
Application Deadline:	October 4 <sup>th,</sup> 2020	
Early Bird Application Deadline:	August 1st, 2020	

Thank you for your interest in participating in LeMay Craft and Vintage Fair! There are a limited number of vendor spaces available, so your timely response is appreciated. Please confirm the information below to reserve your space at this event.

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<b>VENDOR CONTACT</b>	INFORMATION			
Business Name:				
Mailing Address:				
City/State/Zip:				
Vendor Website:				
Contact Name & Positi				
Phone:	Emai			
<b>Product Description/M</b>	<b>enu</b> (attach additional info, i	f necessary):		
Only items listed on the application will be allowed—no sharing of booth space. Space is confirmed when payment is received and processed.				
PARTICIPATION & EXPECTATIONS				
☐ 10'x 10' Space (\$150) ☐ Premium Location (co ☐ Electrical Hook-Up (1	ne following vendor space/s y Additional 10'x10' S orner, high traffic area): Addi 10) at \$35.00 ctangular tables at \$15.00 each	pace (\$150)	tist Alley 6' Table (\$50) (We provide table and 1 chair)  c plastic chairs at \$2.00 each. Amount	
PROMOTION	Jangulai labies al w 10.00 caon	I. Allioulit bidon	. plastic chairs at ψ2.00 each. Amount	
All vendors are asked to promote their participation at the LeMay Craft and Vintage Show by including the event on their website event calendar, social media and/or newsletters. Also, please contact LeMay Collections at Marymount for event flyers to distribute.				
PAYMENT DUE				
·	tables \$ chairs \$_	TOTAL\$		
□ My check payable to "LeMay Collections at Marymount" or "LCM" is enclosed in the total amount.				
□ LeMay Col -			ne Visa/MasterCard/Discover listed below:/ CVV (3-digit pin)	
	Name on Card			
	Signature		Date	

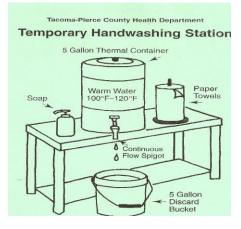
## **Personal Service Agreement**

### **Vendor Name:**

In consideration of the mutual promises and covenants hereinafter contained, it is hereby agreed by and between the LeMay Collections at Marymount (LCM), a Washington 501 c 3 non-profit corporation, hereinafter referred to as "LCM" and the vendor listed above hereinafter referred to as "vendor" as follows:

- 1. INDEPENDENT CONTRACTOR STATUS. The vendor is considered to be an independent contractor who shall at all times perform its duties and responsibilities and carry out all services as an independent contractor and shall never represent or construe its status to be that of an agent or employee of LCM, nor shall they be eligible for any employee benefits from LCM. The vendor represents and warrants that any and all, federal, state, county and mandatory deductions or other charges and taxes imposed by law shall be the sole responsibility of the vendor. If LCM is assessed, liable or responsible in any manner for those deductions, charges or taxes, vendor agrees to indemnify and hold harmless LCM and any other parties named from those costs including attorney fees.
- 2. SCOPE OF WORK. Vendor agrees to perform services under this Agreement primarily by serving as food, merchandise, or information vendor at a LCM event. The vendor agrees to dispose of all waste appropriately and leave the concession area clean. Any vendor serving food products MUST obtain a Temporary Food Services Establishment Permit from the Tacoma Pierce County Health Department and pay all health permit and inspection fees. Contact: Amanda Peters, Health Department Phone: 253.798.7677, Email: APeters@TPCHD.org Additional information regarding Temporary Food Establishment Permits is available online at <a href="http://www.tpchd.org/food/temporary-food-establishments/">http://www.tpchd.org/food/temporary-food-establishments/</a>. A list of TPCHD annually permitted caterers is available at <a href="https://www.tpchd.org">www.tpchd.org</a>.
- 3. <u>BOOTH FEES.</u> VENDORS will pay booth fees to LCM and return this agreement before the due date. Fees will be fully refunded if the application is not accepted. If it is accepted, your check will be deposited; once it clears the bank, a notice of acceptance will be mailed. The canceled check will serve as the receipt. The Due date is on or before **October 4th, 2020** (day of event is **October 17**th & **18**th, **2020**.) Please also note requirements for sanitary sampling guidelines (please refer to Figure 1).
- 4. **INDEMNIFICATION** The client(s) understand and agree that LCM is not liable or responsible for any claims, damages, injuries, liabilities, or other obligations arising from or related to the client's use of the Marymount Events Center. The Client(s) will indemnify and hold harmless, to the fullest extent permitted by law, LCM and all of its representatives and agents from and against any and all claims, damages, liabilities, and costs, including fines, penalties, expenses, and attorney's fees, arising from or related to the use of the Marymount Events Center by the client(s) and their invitees, licensees, guests, agents, vendors, contractors, and caterers, and the affiliates, representatives, and agents of each of them.
- 5. **ENFORCEMENT.** If by reason of default on the part of either party in the performance of any provisions of the Agreement it becomes necessary for the non-defaulting party to employ an attorney, the defaulting party agrees to pay all costs and legal expenses expended and/or incurred by the non-defaulting party. Submitting an unsigned application assumes agreement to these terms.
- 6. **VENUE CLAUSE.** The parties agree that should any dispute arise, the venue for said dispute shall be Pierce County, WA.
- 7. **ENTIRE AGREEMENT.** This constitutes the complete and final agreement of the parties replaces and supersedes all oral and written proposals and agreements therefore made on the subject matter, and may be modified only in writing and signed by both parties, both acknowledge receipt of an executed copy of this agreement.

#### FIGURE 1



My signature below certifies that I have read, understand and agree to comply with the terms of this Agreement.

(VENDOR SIGNATURE)	(DATE)
(VENDOR PRINTED NAME)	(DATE)
(LEMAY ACCEPTANCE SIGNATURE)	(DATE)

## Vendor-specific questions and completed Vendor Application Forms may be submitted to:

LeMay Collections at Marymount: 325 152<sup>nd</sup> St E, Tacoma, WA 98445 Email: events@lemaymarymount.org | Phone: 253.272.2336 | Fax: 253.779.0919