



# HURON PARKS & RECREATION

Vendors Contract Agreement



## 2010 First Federal Farmers Market Vendor Contract

**EVENT INFORMATION**

EVENT: First Federal Farmers Market

LOCATION: Huron Boat Basin, Huron, Ohio

DATE / TIME: July 15– Oct 28, 2010 3:30pm-6:30pm  
(see further pages for more detail)

**VENDOR INFORMATION**

NAME OF CONCESSION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

CELLULAR (\_\_\_\_) \_\_\_\_\_ PAGER (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

ITEMS TO BE SOLD \_\_\_\_\_

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

**PLEASE TURN IN CONTRACTS and PAYMENT VIA CHECK OR MONEY ORDER prior to event:  
MADE PAYABLE TO:**

**HURON PARKS AND RECREATION DEPARTMENT  
417 MAIN STREET, HURON, OHIO 44839**

**ACTIVITY INFORMATION**

**Booth Set-up**

Market Vendors - No vendors shall start setting up prior to **2:30pm**. All vendors will be located in the parking lot of the Boat Basin, unless notified by the Parks and Recreation. All vendors will be assigned a space. All Market Vendors must be set-up 15 minutes prior to the beginning of event.

**Booth Tear Down**

All Market Vendors must be removed from the property before 7:30pm. No booth shall be torn down prior to the conclusion of the First Federal Farmers Market.

**FACILITY INFORMATION**

Huron Parks and Recreation Department  
110 Wall St  
Huron, OH 44839  
Ph 419-433-8487  
Fax 419-433-0470

Huron Boat Basin & Amphitheater  
330 North Main Street  
Huron, OH 44839  
Ph 419-433-4848  
Fax 419-433-0470

**Please turn in Contracts and payment in by June 17, 2009 to: Huron Parks and Recreation Department  
417 Main Street  
Huron, OH 44839**

**VENDOR FEES**

Fee range for different entities. See below for Vendor Fees.

Make check or money order payable to "Huron Parks & Recreation Dept."

Mail check or money order to : Huron Parks & Recreation, 417 Main St., Huron, OH 44839

I plan to participate in the Farmers' Market on the following dates:

July 15__	Aug. 5__	Aug. 26__	Sept. 16__	Oct. 7__	Oct 28__
July 22__	Aug. 12__	Sept. 2__	Sept. 23__	Oct. 14__	
July 29__	Aug. 19__	Sept. 9__	Sept. 30__	Oct. 21__	

**\*ENTIRE SEASON \$ (see below)**

**\*DISCOUNTED RATE**

**\*Option 1: 1 space for entire season =\$104**

**\*Option 2: 2 spaces for entire season= \$200**

**(any additional spaces =\$6 each)**

**I choose: Option \_\_\_\_\_ = \$ \_\_\_\_\_**

**DAILY \$ (see below) for each date x # of spaces \_\_\_\_\_ = \$ \_\_\_\_\_**

**(\$8 for 1st space**

**\$6 each additional space)**

**TOTAL \$ \_\_\_\_\_**

**If paying weekly, payment must be made prior to set up on market day.**

**\*\*Reservations are first-come first-serve\*\***

1. Contract completed and signed
2. Vendor Fee
3. The attached release and indemnify agreement signed by the owner or contact person of the concession

**RELEASE & INDEMNITY AGREEMENT**

In consideration for being permitted to operate a concession at the Huron Boat Basin, I do hereby agree with the First Federal Farmers Market, Huron Parks and Recreation Department, and the City of Huron, Ohio, its officers, elected officials, agents, trustees, successors and assigns that I never shall institute any lawsuit or other legal action against the First Federal Farmers Market, Huron Parks and Recreation Department, and the City of Huron, Ohio its officers, elected officials, agents, trustees, successors and assigns for by any reason of any damage, loss, or injury to any person or property or both which I, my heirs, executors or administrators hereafter may have for or by reason of any matter, cause or thing whatsoever arising out of my operation at the First Federal Farmers Market in Huron, Ohio. Further I agree to indemnify and save harmless the Huron Parks and Recreation Department, City of Huron and to make good any loss or damages or costs, including attorney fees, that the Huron Parks and Recreation Department or the City of Huron or both its officers, elected officials, agents, trustees, successors and assigns may have to pay if any litigation arises on account of any claims made by any person as a result of the operation of my concession at the First Federal Farmers Market.

NAME OF CONCESSION \_\_\_\_\_

SIGNATURE OF PERSON(S) IN CHARGE:

1. \_\_\_\_\_  
(Signature) (Printed Name)

2. \_\_\_\_\_  
(Signature) (Printed Name)

DATE \_\_\_\_\_

SIGNATURE CITY OF HURON OFFICIAL(S):

1. \_\_\_\_\_  
(Signature) (Printed Name)

DATE \_\_\_\_\_

- Contract must have above signatures or the contract is not valid

**Pages 1, 2, 3 of this contract must be filled out and returned prior to event.**