

PLAQUEMINES PARISH FAIR & ORANGE FESTIVAL OTHER VENDOR APPLICATION

PLEASE PRINT

NAME OF COMPANY OR INDIVIDUAL: _____


Contact Person: _____




MAILING ADDRESS: _____

PHONE NUMBER: (_____) _____ - _____ - CONTACT PERSON: _____

EMAIL ADDRESS: _____

Please Check (✓)

☐  **CRAFT VENDOR**

 ☐  **BUSINESS or INDUSTRIAL DISPLAY**
☐  **COMMERCIAL / NOVELTY VENDOR - (*Jewelry, Home Decor, Posters, Cookware etc.*)**
☐  **NON-PROFIT FUNDRAISER TABLE (In-Parish Schools, Church & Civic Organizations)**

List Items For Sale or Display or Fundraiser: _____

LIABILITY INSURANCE INFORMATION (PLEASE CHECK ONE) THIS PORTION MUST BE COMPLETED!

____ I / We have insurance & have attached the required certificate (Certificate must list the Orange Festival Association as additional Insured)

Our Insurance company requires all Vendors to have Insurance. If a Certificate of Insurance is not submitted with application you must provide insurance certificate or pay for Vendor Coverage of \$ 75.00 under our policy by November 1st

____ I / We will obtain insurance through the festival enclosed is my fee of \$ 75.00:

I ____ Will ____ Will NOT set up a Tent Tent Size _____ ft. x _____ ft.

I ____ Will ____ Will NOT need space for Vendor Trailer (If you **WILL** need space, contact Manger, Jeff White, **before submitting application.**)

THIS IS **MANDATORY** FOR COMMERCIAL VENDORS **NOT** USING A TENT:
(Please describe type of equipment, size of trailer, etc.)

DO YOU OPERATE YOUR BOOTH FROM A TRAILER OR OTHER MOBILE UNIT?
IF YES (CHECK EACH THAT APPLY)

NOTE: This electricity information must be answered accurately!! Vendors must supply their own plugs, cabling or extension cords of proper sizing for circuits required.

You will sell from the ____ Front ____ Left ____ Right ____ Rear of the unit

Provide Trailer or Unit: Width _____ Length _____ Do you need Electricity? ____ YES ____ NO

How many 110-volt receptacles will you need? ____ Give required amps per 110v Circuits: ____

(CONTINUED ON BACK)

Make check payable & mail to:
Orange Festival - P.O. Box 158 - Belle Chasse, LA 70037

**FEES ARE NON-REFUNDABLE. SUBMIT APPLICATION & FEE, INSURANCE
CERTIFICATE or INSURANCE FEES BY: OCTOBER 15th.**

AGREEMENT:

I agree to pay the vendor fee in full, abide by these Rules and Regulations to sell my merchandise and submit a copy of our Certificate of Insurance listing the Orange Festival Association as additional insured, or payment for coverage under the Orange Festival Policy. In return for allowing me to have space at the Orange Festival on the above mentioned location and dates, said VENDOR does hereby agree to hold harmless from any loss or liability in regards to any expenses incurred during their operation, or from any loss or injury, to which they are solely responsible; said VENDOR further agrees to indemnify the Plaquemines Parish Fair & Orange Festival, for any such loss or injury. If for any reason I decide not to participate as a VENDOR, I will IMMEDIATELY notify the Orange Festival Secretary or Manager. Your signature on the application indicates that you have read these said Rules and Regulations, understand and will abide by them.

NOTE: You are responsible for reporting your Sales Tax.

Someone from the State or Parish may possible stop at your booth.

N S F Checks: Non-Sufficient Funds -

STOP! DO YOU HAVE SUFFICIENT FUNDS TO COVER YOUR CHECK?

The Orange Festival will charge a fee of **\$25.00** for all checks returned **NSF**. If a check is returned you will be contacted to replace the check with a MONEY ORDER for the original amount plus the NSF fee within five (5) days. After the 5 days a certified letter will be sent and additional Postal Fees will be added to the original amount plus the NSF fee. If it is not replaced within five (5) days thereafter you will be turned over to the **Plaquemines Parish Sheriff's Office and District Attorney's Office.**

Signature _____ Title: _____

Date: _____ Drivers License # (of person who signs the check) _____

Home Phone #'s : _____ Work: _____ Cell: _____

*_*_*_*_*_*_*_*_*_* **Below is for committee use only** *_*_*_*_*_*_*_*_*_*

Date application & payment received: _____ Number spaces needed _____

____ Tent ____ No tent ____ RV/Camper ____ ft. ____ Donation \$ _____

FEE: PAID: ____ **YES** \$ _____ Check # _____ Cash ____ **Not Paid**

Received Insurance Certificate: ____ YES ____ NO Date Certificate Received : _____

Paid for Coverage: ____ Yes \$ _____ ____ NO

Comments: _____
