



8th ANNUAL LIGHT UP LOWELL VENDOR APPLICATION

SATURDAY, DECEMBER 10, 2016

2:00PM – 5:30PM (set up 12:30) E. First Street

ALL APPLICATIONS MUST BE COMPLETED AND RETURNED BEFORE DEC 5, 2016

APPLICANT NAME: _____

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

STREET, CITY, ZIP CODE: _____

TELEPHONE(S): _____

EMAILS/FACEBOOK/WEBSITE: _____

TYPE OF CRAFT/PRODUCT/FOOD: _____

PROFIT OR NON-PROFIT, TAX ID#: _____

POWER: ___ YES or ___ NO ***NOTE***: Power Supply is limited please let us know if you need power.

*****FOOD VENDORS*****

Food Vendors are responsible for obtaining a Temporary Food Event Permit or exemption thereof. Food Vendors are required to coordinate inspections with the Health Department representative on the day of the event. Go to www.gastonpublichealth.org for form required.

PRINT NAME/SIGN NAME

NAME OF ORGANIZATION/BUSINESS

DATE: _____

Received by: _____

Release and Indemnity Agreement: By signing this agreement, I agree to release, indemnify, and hold harmless the City of Lowell, the Lowell Merchants Association, as well as their employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of my participation in Light Up Lowell 2016.