

# 2019 Highland Weekend Market & Music Vendor Application

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Tax ID / SSN: \_\_\_\_\_

Products: \_\_\_\_\_

Website: \_\_\_\_\_ Using a Vehicle for Selling Products: Yes No

Requesting Electricity? Yes No WIC/ Senior FMNP Approved? Yes No If yes, vendor #: \_\_\_\_\_

**Event Details:**

Day/Time: Saturdays, 4-8pm

Dates: May 25 – Aug. 24 (off 7/6, 7/27, 8/3, 8/10)

Location: Main Square Park (3001 Ridge Rd.)

**Promoter Details:**

Organization: Highland Parks & Recreation (Fax: 219-972-7584)

Contact: Matt Jillson (219-838-0114, mjillson@highland.in.gov)

Checks are payable to: Highland Parks & Recreation

**Fees per space (7% sales tax included):**

Entire 10-week season: \$107 (For electric, add \$27)

Choice of 5 weeks: \$70 (For electric, add \$16)

One week: \$25 (For electric, add \$7)



**Rules:** Register one week in advance. All registration takes place at Lincoln Community Center (2450 Lincoln St.). No payment will be accepted on-site. Products sold must be itemized above. Prohibited items include fireworks, weapons, pornography, resale merchandise, music or live entertainment, generators, or anything that may be considered disruptive. No set-up until vehicles are unloaded and moved to the designated parking area located on Delaware St. Vendors must arrive no later than 30 minutes prior to start of market and must stay for entire duration of market. Permit will be revoked for the remainder of the season after two no show absences. Vendors must keep their designated area clean and remove all trash prior to departure. All work and displays must stay within designated spot. No boxes, extra merchandise, or debris should be visible. Vendor required to provide own canopy, tables, chairs, and extension cords. Tents must be securely weighted at all four corners. Product pricing must be clearly marked and in full view of customer. Scales used must be in accordance with the established standards per ISDH. Vendors may not harass customers, solicit outside of their designated space, or advertise anything not approved on this application.

**Sales Tax:** Vendors are responsible for collecting and remitting all sales tax. The Indiana Retail Tax Rate is 7%. You must have your Registered Retail Merchant Certificate with you during market operation. To register for one online (one-time \$25 fee as of 2016), visit [www.in.gov/dor](http://www.in.gov/dor), click on forms/Business Tax Forms/On-Line BT-1. Or register in person by visiting the Merrillville District Office located at 8368 Louisiana Ave., Ste. A, Merrillville, IN 46410. Phone: (219) 769-4267.

**Insurance/Health Permit:** Vendors of prepared food or providing edible samples are responsible for obtaining a Lake County health permit and providing a certificate of liability insurance naming HPRD as additional insured with \$1,000,000/occurrence coverage.

**Agreement:** I understand and agree to abide by the rules per my application as a vendor. If I do not adhere to all regulations or if I misrepresent myself or my items I am selling I will be asked to leave with no refund and may be prohibited from participating in future events facilitated by HPRD. I agree to indemnify and hold any affiliates and this promoter harmless from any claim or demand, including reasonable attorney's fees, made by myself or any third party due to or arising from registering for this event, participating in this event or violating any rights of another party.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

**Dates of Participation (off 7/6, 7/27, 8/3, 8/10 ):**

May 25: \_\_\_\_\_ June 22: \_\_\_\_\_ Aug. 17: \_\_\_\_\_

June 1: \_\_\_\_\_ June 29: \_\_\_\_\_ Aug. 24: \_\_\_\_\_

June 8: \_\_\_\_\_ July 13: \_\_\_\_\_ **Space Desired:** \_\_\_\_\_

June 15: \_\_\_\_\_ July 20: \_\_\_\_\_

**Vendors of prepared food/edible samples:**

*Attach the following docs to this app.*

Insurance Certificate: \_\_\_\_\_

Health Permit: \_\_\_\_\_