## **HIGHLAND SECOND SUNDAYS SERIES VENDOR APPLICATION**

Name:	Business Name:
	City:
Phone: E-mail: _	Tax ID:
Products:	
Website:	Using a Vehicle for Selling Products: Yes No
Requesting Electricity? Yes No	
Event Details:	Promoter Details:
Day/Time: Sundays, 12-3pm	Organization: Highland Parks & Recreation (Fax: 219-972-7584)
Dates: May 10 – Sept. 13	Contact: Matt Jillson (219-838-0114, mjillson@highland.in.gov)
Location: Main Square Park (3001 Ridge Rd.)	Checks are payable to: Highland Parks & Recreation
Fees per space (7% sales tax included): May 10 <sup>th</sup> Trial Week Special: \$10 (For electric, add Weekly Rate: \$25 (For electric, add \$7) 5-week Season Rate: \$100 (For electric, add \$25)	Parks & Recreation
accepted on-site. Products sold must be itemized merchandise, music or live entertainment, generators unloaded and moved to the designated parking area to start of market and must stay for entire duration of r show absences. Vendors must keep their designated a stay within designated spot. No boxes, extra mercha tables, chairs, and extension cords. Tents must be secuin full view of customer. Scales used must be in acceptable.	akes place at Lincoln Community Center (2450 Lincoln St.). No payment will be above. Prohibited items include fireworks, weapons, pornography, resale of or anything that may be considered disruptive. No set-up until vehicles are ocated on Delaware St. Vendors must arrive no later than 30 minutes prior to market. Permit will be revoked for the remainder of the season after two no area clean and remove all trash prior to departure. All work and displays must ndise, or debris should be visible. Vendor required to provide own canopy, arely weighted at all four corners. Product pricing must be clearly marked and cordance with the established standards per ISDH. Vendors may not harass or advertise anything not approved on this application. Food vendors are hand.
lem:merchant's Certificate Number (Tax ID) on this application of the control of the co	ecting and remitting Indiana sales tax (7%). You must include the Retail tion and display your certificate within your booth for the full duration of the Merchant's Certificate (RRMC), you may register online at
https://inbiz.in.gov. As of February 11,	2020, the fee was \$25 for a RRMC.
<u>Insurance/Health Permit</u> : Vendors of prepared food o	or providing edible samples are responsible for obtaining a Lake County health naming HPRD as additional insured with \$1,000,000/occurrence coverage.
misrepresent myself or my items I am selling I will be future events facilitated by HPRD. I agree to indemi	ules per my application as a vendor. If I do not adhere to all regulations or if I a asked to leave with no refund and may be prohibited from participating in nify and hold any affiliates and this promoter harmless from any claim or by myself or any third party due to or arising from registering for this event, ther party.
Name (Printed):	
Signature:	Date: Receipt #:
Dates of Participation:  May 10: August 9:  June 14: September 13:  July 12: Space Desired:	Vendors of prepared food/edible samples: Attach the following docs to this app.  Insurance Certificate: Health Permit: