

# Richmond, MO Mushroom Festival

## 2024 Vendor Registration Form

MAY 2<sup>ND</sup> – 4<sup>TH</sup> (MAY 2<sup>ND</sup> Carnival only)



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

Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

### QTY

#### LOCAL VENDORS (Must be a Ray County Resident)

_____ CRAFT Booth Rental Space(s) 12'x12'	\$100.00	= _____
_____ NON-PROFIT Booth Rental Space(s) 12'x12'	\$100.00	= _____
_____ BUSINESS Booth Rental Space(s) 12'x12'	\$100.00	= _____

#### NON -LOCAL VENDORS

_____ CRAFT Booth Rental Space(s) 12'x12'	\$150.00	= _____
_____ NON-PROFIT Booth Rental Space(s) 12'x12'	\$125.00	= _____
_____ BUSINESS Booth Rental Space(s) 12'x12'	\$175.00	= _____

_____ Electricity: 110 V 15-30 AMPS	\$30.00	= _____
_____ Electricity: 220 V 50 AMPS	\$50.00	= _____

_____ 20 Lb. bag of ice	\$6.00	= _____
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I have enclosed the following payments:  
Booth fee, electricity, ice (if applicable)

TOTAL = \_\_\_\_\_

**Make checks payable to: Friends of the Farris, Inc.**

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Total to be charged: \$ \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

### To complete your Registration Form. Please sign the 2024 Mushroom Festival Vendor Indemnity Agreement.

I AGREE TO INDEMNIFY AND HOLD HARLESS THE CITY OF RICHMOND, THE FRIENDS OF THE FARRIS, INC, AND MUSHROOM FESTIVAL COMMITTEE, AND ITS DIRECTORS AND AGENTS FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES ARISING OUT OF THE ACTIVITIES RELATING TO 2024 MUSHROOM FESTIVAL. I HAVE READ AND AGREE TO THE TERMS OUTLINED ON THE VENDOR REGISTRATION FORM AND FURTHER ACKNOWLEDGE THAT ENTRY FEES AND ELECTRICAL CHARGES ARE NON-REFUNDABLE.

I AGREE THAT I AM SOLELY RESPONSIBLE FOR MY PROPERTY DURING FESTIVAL AND I AM RESPONSIBLE FOR COLLECTING AND REPORTING ANY/ALL APPLICABLE MO SALES TAX. THE FRIENDS OF THE FARRIS, INC. & MUSHROOM FESTIVAL COMMITTEE RESERVE THE RIGHT TO REFUSE AND OR CANCEL ANY REGISTRATION IN VIOLATION WITH AGREEMENT.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return the completed registration form, including the signed Indemnity form and full payment to: Friends of the Farris, Inc., 301 W. Main St., Richmond, MO 64085

Please provide a list of items or services provided:


**DEADLINE IS FRIDAY, APRIL 15, 2024**

**ALL APPLICATIONS ARE SUBJECT FOR APPROVAL**

<b>Office use only</b>				
<b>Date received</b>	<b>Booth Amount:</b>	<b>Cash</b>	<b>Ck #</b>	<b>CC processed:</b>