

**Tropical Nights**  
**July 20, 2018**  
**2018 Vendor Agreement**  
**Event: Tropical Nights - - 6:00 PM to 9:00 pm**

Vendor set up begins at 4:00PM on West Indiana. Vendors must be set-up and ready to conduct business by 5:45pm. Vendors must be dismantled between 9:00 pm and 10:15 pm, but not before 9:00pm.

<b>Space</b>	<b>Per Space</b>	<b>Number of Spaces:</b>	<b>Total Dollars:</b>
10' x 10'	\$50.00		

**Rules:**

1. Items sold or displayed must be Event related.
2. Accept location assigned. Locations will be assigned on a first paid first serve basis.
3. Remove vehicles and booths from site at designated times, but not before end of event.
4. You are responsible for all sales taxes. Sell only items listed on application. You may not sell food or beverages (this includes bottled water and/or soft drinks).
5. No refunds will be made for any reason, any cancellation, removal for cause or act of God. No rain date.
6. Failure to abide by rules will result in removal from event and all fees will be forfeited.
7. No exclusives will be granted.
8. No part of your set-up may extend beyond purchased space.
9. No inappropriate merchandise to be displayed or sold at the event, determination at sole discretion of promoter.
10. Please provide photos of your display/merchandise with your completed application.

**Items to be sold:**

Please print the items you wish to sell at this event. Please be specific. (Use another sheet if necessary).

---

---

---

**Contact Name:** \_\_\_\_\_ **Doing Business As:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

I have read and will comply with the rules of this event and I will comply with all applicable laws. I hereby release and hold harmless from any liability the event organizers, its sponsors, and the City of DeLand, officers, agents and employees. Also, I will not hold event or event organizers responsible for loss due to damage or theft. I understand that the above event in no way guarantees any return or benefits. I understand these rules and regulations and agree to all the terms of this vendor agreement.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Payment may be made by *check payable to MainStreet DeLand Assoc.* or credit card with your application.

Name on Credit Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 Digit CVV (Code on back of card): \_\_\_\_\_  MasterCard  Visa

**MainStreet DeLand Association**  
**100 N. Woodland Blvd. Suite 4**  
**DeLand, FL 32720**  
**Tel. 386.738.0649**  
[info@mainstreetdeland.org](mailto:info@mainstreetdeland.org)  
[www.mainstreetdeland.org](http://www.mainstreetdeland.org)