

## CITY OF JONESBORO VENDOR APPLICATION

Submit completed applications to: The City of Jonesboro Attn: Maria Haven Mail: 124 North Avenue, Jonesboro, GA 30236 Email: mhaven@jonesboroga.com Phone: (770)478-3800 Fax: (770) 478-3775

PLEASE TYPE OR PRINT NEATLY. YOU MAY ATTACH ADDITIONAL PAGES IF NECCESSARY.

Name:	
Phone: (Day)	(Evening)
Business Name:	
Mailing Address:	
City:	State: Zip:
E-mail:	
(Email is the preferred	method of communication)

List all items to be sold/displayed:

Item	Price	Item	Price

## Please attach proof of general liability insurance and current health department inspection (for food vendors) if applicable, with your application.

I, the undersigned, have read, understand, and agree to comply with all of the above listed information and regulations as well as all applicable city, state and federal laws. I agree to indemnify and hold the City of Jonesboro and each of their officers, directors, employees, agents, designees, representatives, volunteers, and contractors harmless from any action in conjunction with my bid and participation. I am the responsible party associated with this vendor booth/service and agree to accept all legal responsibility and process on the applicant's behalf. I further state that I will provide the services and items contained in this application, should it be selected. I understand that vendors are responsible for all of their own facilities, waste receptacles, set-up, tear-down, sales tax collection, payment and filing, and general liability insurance related to participation in this event. Failure to comply with any of the above terms may result in being asked to leave the festival, the denial of vending privileges at future events, as well as possible legal action.

Vendor/Applicant signature: ...... Date: .....

For office use only:				
Date Received:	Amount Received:	Payment Type:		
Application Approved	Application Denied:			
Misc. Notes:				