



## LLANO MAIN STREET CHRISTMAS MARKET

Saturday, December 7th, 2013 9 a.m. – 5 p.m.

Llano County Courthouse Square

### VENDOR APPLICATION

Name of group, organization, or individual: \_\_\_\_\_

Contact person, if different than above: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Description of product(s) to be sold or activity:

Is your product handmade? Y N

Require Electricity? (Limited Availability) Circle one Y \$30 / N \$25

Payment Enclosed: Circle one CHECK MONEY ORDER CREDIT CARD#

**Make Check payable to Llano Main Street, 301 W. Main St., Llano, TX 78643**

#### Rules and Regulations

1. Fees will be \$25 per booth. All booths needing electricity will pay an additional \$5 per booth.
2. Booth fees are non-refundable. Booth size is 12' x 12'; limit of two booths per applicant. Pop-up canopies only; no stakes may be driven in the ground.
3. Absolutely no carnival type items or items that may be harmful to guests will be allowed. Violators will be asked to leave.
4. Exhibitors must provide their own tables and chairs and be responsible for their own set-up and removal.
5. Set-up time 8 a.m. to 9:45 a.m. on the day of the festival. If you wish to set up Friday afternoon, you may do so at your own risk. Parking will not be permitted directly around the Courthouse between 9:45 a.m. and 5:00 p.m. There will be a designated space for vendor parking west of the square.
6. Food vendors must comply with Texas Department of Health guidelines for temporary food establishments.
7. Booths will be manned at all times.
8. Booth spaces will be assigned ahead of time, and participants will receive a confirmation letter with booth space assignment, map, and other information.
9. Neither the City of Llano, the Main Street Program, nor Llano County will be liable for loss or damage of property from any cause, nor will they be responsible for accidents on the grounds, adjacent roads, or highways.

I agree to abide by the above rules and regulations: \_\_\_\_\_

*Signature/Date*

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR FILES

Call 325-247-4158 x 209 if you have any questions. Thank you!