

# City of Castroville Old-Fashioned 4<sup>th</sup> of July Concert and Picnic in Regional Park Vendor Application



Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

TX Sales Tax Number: \_\_\_\_\_ (must attach copy to be assigned a booth)

Non-Profit Booth-\$25 \_\_\_\_\_ Other Vendors- \$25 application plus 10% of total revenue \_\_\_\_\_

**Spaces are reserved ONLY upon receipt of payment. Payment and application are due by May 31, 2016. Please return form to Lora Robbins, at 703 Paris Street. Make checks payable to Castroville Area Economic Development Council, 4th of July.**

**Description of product to be sold:**

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*I hereby release the City of Castroville, Texas from any liability for injuries to me or my employees and for any loss or damage to personal property while participating in the July 4<sup>th</sup> Concert and Picnic in Regional Park. I recognize and agree that the City and its representatives are in no way responsible for any action of other vendors or their helpers or employees while in the July 4<sup>th</sup> Concert and Picnic in Regional Park. I have read and understand and accept all provisions of this letter of agreement, and any associated rules and regulations, and will abide by all requirements of the City of Castroville. I further understand that there will be no refund of vendor fees if I am unable to attend and that I am responsible to pay the required percentage of revenue before leaving the event. By signing this form, I attest that I will correctly report my revenue and failure to do so may result in legal action to recover monies owed, and prohibition from participation in any future City sponsored event.*

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

**VENDOR CHECKLIST: (without submittal of the documents listed below, a booth cannot be assigned).**

- \_\_\_\_ Completed and **Signed** Application
- \_\_\_\_ Payment for Booth
- \_\_\_\_ Copy of Texas Sales Certificate
- \_\_\_\_ Signed Copy of the Rules and Regulations
- \_\_\_\_ Health Permit for Food Vendor

For Office Use Only:

Date received: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check # \_\_\_\_\_

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ Assigned Booth #: \_\_\_\_\_ Date Informed: \_\_\_\_\_

For more information contact Lora Robbins by phone at 830-931-4090 or by email at [lora.robbs@castrovilletx.gov](mailto:lora.robbs@castrovilletx.gov).