

DBA VENDOR REGISTRATION and CONTRACT

Sponsored by
DOWNTOWN BUSINESS ALLIANCE
Historic Downtown Bastrop

NAME: _____ PHONE: _____

BUSINESS NAME: _____

ADDRESS: _____

EMAIL: _____

TYPE OF BUSINESS: _____

Rain or Shine -- NO REFUNDS – All booths are 10' X 10'

	Booth Number	Amount
\$50.00 Per Booth if paid by the 1st of the month *		
\$10.00 Extra Per Booth for electricity		
		Total: \$

***Pay for three events for a special price of \$120 If paid by April 1, 2010, excluding electricity**

CIRCLE THE DATE(S) FOR WHICH YOU ARE PAYING
Vendor set up is 6am – 8:30am NO EXCEPTIONS

APR 24 (YESTERFEST)

Street Closed 8:30am – 5:00pm

NOV 13 (VETERAN'S DAY)

Street Closed 8:30am to 5:00pm

DEC 11 (CHRISTMAS EVENTS)

Street Closed 8:30am to 4:00pm

To reserve your booth or for additional information:

Downtown Business Alliance

809 Main St, Bastrop, TX 78602

Email: vendors@bastropdba.com

Phone: 512-321-6600 / Fax: 512-303-0305

MAKE CHECKS PAYABLE TO: DBA (Downtown Business Alliance)

STANDARDS:

Vendors closing booths early may be charged a deposit fee to participate in subsequent events.

Parking is available in public lots on Water Street. Main Street is one way, South to North, on market days.

Restrooms for vendors are located at the Chamber of Commerce and the Visitor's Center on Main Street.

Food vendors may be required to show Food Handlers' Permit. Vendors are responsible for sales tax permits & for remitting sales tax to the State and must comply with all city ordinances.

VENDOR CONTRACT AND RELEASE

I, the undersigned exhibitor, (1)hereby contract, on behalf of all in my party, to comply with the above STANDARDS, and (2)to release the Downtown Business Alliance, the City of Bastrop, Bastrop County, the Bastrop Chamber of Commerce and Bastrop business and property owners from liability resulting in damage and/or theft or bodily injury which might occur secondary to sponsored events. I understand that I am responsible for my own insurance, and (*please check one*)

_____ I have my own insurance

_____ I am self-insured.

SIGNATURE OF EXHIBITOR: _____ DATE: _____

<http://www.bastropdba.com>