



**2020 High Mountain Hay Fever Bluegrass Festival
Westcliffe, Colorado
July 9-12, 2020**

Festival Vendor Application & Agreement

IMPORTANT: Applications must be received in the HMHF office no later than March 1, 2020.

Please consider my application to be a vendor at the 2020 High Mountain Hay Fever Bluegrass Festival. In submitting this application and if accepted, I/we agree to keep our booth open all four days during festival performance hours or different hours if approved by the Vendor Coordinator, and I/we agree to arrive at the festival site for setup no later than 2:00 PM on Thursday, July 9. These hours are:

Thursday, July 9	6:00 PM – 10:30 PM
Friday, July 10	11:00 AM – 10:00 PM
Saturday, July 11	11:00 AM – 10:00 PM
Sunday, July 12	10:00 AM - 3:00 PM

Booth and/or business name:

Owner/contact:

Mailing address:

City: State: Zip:

Phone: Fax:

Email:

Colorado Sales Tax License Number (if applicable):

Colorado Single or Multiple Event Sales Tax License # (if applicable):

Please describe the items you intend to sell and their prices. Attach a description on separate sheet as needed. If you wish, include pictures, menus, or anything else that will help us understand more clearly what you offer.

Note: We are only seeking food vendors.

Power

Do you need electrical power? _____ Yes _____ No

Capacity _____ 110 _____ 220

Amps needed/connection type _____ 50 amps, 4-wire

_____ 30 amps, 4-wire

_____ 20 amps, GFI standard 3-prong plug

Payment

_____ Booth fee: \$300, non-refundable.

_____ Additional tickets: (two four-day passes are included with the booth fee).

_____ \$70 for each additional four-day pass.

_____ Total payment included. *Make checks or money orders payable to **HMHFFA**.*

Applications received without checks will not be considered. You must also include a copy of your Certificate of Liability Insurance with a minimum coverage of \$1,000,000; **no exceptions**. Your check will be cashed **only** if you are accepted as a vendor. Your booth fee will not be refunded if you are accepted and later determine that you cannot participate as a vendor. Send the application, support material and your check to the address at the bottom of this page.

Agreement

If accepted, I agree:

1. To accept all liability for any damage caused by the operation of my booth, including the sale of all products or services at such booth; and, I expressly relieve High Mountain Hay Fever Festival Association of any liability that it may have by reason of the operation of my booth.
2. To comply with all the representations of this application and with all of the conditions as outlined in the High Mountain Hay Fever Vendor Regulations and Guidelines provided to me with this application.
3. To accept forfeiture of the vendor fee if I/we fail to appear at the event after acceptance as a food vendor.

Signed: _____
Vendor

DATE: _____

Accepted: _____
High Mountain Hay Fever Festival Association

DATE: _____

High Mountain Hay Fever Festival Association
P. O. Box 1199
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719.783.0883

www.highmountainhayfever.org