



Opening Night Vendor Application

GUTHRIE'S TERRITORIAL CHRISTMAS FOUNDATION 501(C)(3)

P.O. BOX 1523, GUTHRIE, OK 73044

www.GuthriesTerritorialChristmas.com

POINT OF CONTACT: Stephen Sparkman (405) 370-5549; info.gtcf@gmail.com

REQUIREMENTS TO BOOK: Vendors are not booked until completed registration is submitted along with other relevant vendor fees/documents: copy of vendor's Oklahoma Sales Tax Permit, EIN Number, and Certificate of Insurance.

POWER: Please bring multiple lengths of power cord as spots are first come, first serve. Due to limited power sources in the historic district, please have a generator on standby just in case.

VENDOR INFORMATION (All Information is required.)

Your Name: _____

Business Name: _____

Business Type (circle one): Food Vendor (\$50 fee) Retail Vendor (\$20 fee)

Do you need electricity? Yes (see note above) No

Full Address: _____

Best Phone to Reach You: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Please Describe Your Items and the Rough Size of your Truck/Booth/Stall: _____

By submitting this application, Vendor affirms that the facts set forth are true and complete. Vendor understands that any false statements, omissions, or other misrepresentations made by Vendor on this application may result in Vendor approval being rejected or being asked to leave the event.

As a Guthrie’s Territorial Christmas Celebrations participant, Vendor does hereby agree and forever release, discharge, defend, indemnify and otherwise **HOLD HARMLESS** Guthrie’s Territorial Christmas Foundation, the Territorial Christmas Celebrations, and the City of Guthrie and its officials, employees, agents, and servants of, from, and against any and all claims, demands, expenses, or losses of any kind due to personal injury (including death) and/or property damage arising from or during, on account of, or in any way related to my participating in the Guthrie Territorial Christmas Celebrations.

Food Vendor agrees to furnish a Certificate of Liability Insurance in the amount of **\$1,000,000** (required by The City of Guthrie) and to **name Guthrie’s Territorial Christmas Foundation as Additional Insured.**

By signing below, Vendor agrees to all terms and conditions as stated in this application.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

RETURN: This application including **FULL PAYMENT**, copy of your **Oklahoma Sales Tax Permit, Certificate of Insurance.**

Thank you for completing this application form and for your interest in partnering with us.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.