



# 2018 South Lansing Holiday Market Vendor Application

Your Name \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Location (if not mailing address) \_\_\_\_\_

E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Which number is best to reach you quickly?  E-Mail  Cell Phone  Business Phone

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Website/Facebook \_\_\_\_\_

May we list you (including photos) on the market website and Facebook page?  Yes  No

### Booth Fee Structure

- Application submitted with payment by November 15 - **\$25.00**
- Application submitted with payment on or after November 16 - **\$35.00**
- Vendor fees are non-refundable.

Please check your payment option:

- Check made payable to South Lansing CDA.
- Electronic payment via Cash App (<https://cash.app/>). Send to \$SouthLansing.

### Product List

Please provide a detailed list of all items **PRODUCED BY YOU** that you plan to sell at the market. These include baked goods, candles, lotions, jewelry, ceramics, fabric crafts, wood crafts, etc.,

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you require electricity?  Yes  No

### License/Insurance/Certification

Are you required to be licensed by the State of Michigan?  Yes  No

If yes, please attach a copy of current license(s).

Do you carry general and/or product liability insurance for this business?  Yes  No

If yes, please attach a copy of current insurance certificate(s).

**Waiver of Liability**

By my signature below, I hereby waive all claims and release, indemnify and hold harmless the South Lansing Community Development Association, its employees, interns, volunteers, board members, and funders from any and all legal and financial liability for injury, property damage, financial or other loss suffered or caused by me, my employees, and/or volunteers in association with my participation as a vendor at the South Lansing Holiday Market . This waiver and release applies to all current and future causes of action by me or on my behalf by family members, heirs, and assigns.

Please initial all of the following before signing below.

\_\_\_\_\_ I have read, understand, and agree to abide by the Waiver of Liability.

\_\_\_\_\_ I have read, understand, and agree to abide by the 2018 Holiday Market Policies and Procedures.

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed Application to:** Kathy Tobe, Event Coordinator  
800 W. Barnes  
Lansing, MI 48910  
517.374.5700