PO Box 425
115 E. Washington
Osceola, IA 50213

Phone: 641-342-4200
www.osceolachamber.com
ocmsevent@osceolaia.net

4th of July | Food Vendor Form

Downtown Osceola | July 2-5

Business: _____

Description: _____

Name: _____ **TAX ID:** _____

Address: _____**City, State, Zip:** _____

Phone: _____ **Email:** _____

Dates you will be attending the event: _____

Osceola Chamber Main Street Vendor Contract

Thank you for your interest in participating in our event! Please review the following terms and conditions carefully

Vendor Spot Information:

- **Vendor spots are secured only upon receipt of both the completed vendor form and full payment**.
- Cost: $50 (non-refundable).
- Table and chairs are not included.
- Spot placement is determined by Osceola Chamber Main Street (OCMS). Vendors must check in with an OCMS representative upon arrival.

Electrical Needs:

- If electrical access is required, vendors must bring their own extension cords. Limited electrical access is available, and requests must be indicated below:
- Electrical Needed (Y/N): _____ Outlet Type/Amp:_____

Set-Up Times:

- Vendor set-up may occur:
  - After 6:00pm on Wednesday, July 1st
  - Between 8:00am – 10:00pm on July 2nd, 3rd, or 5th
  - All vendors must be set up by 8:00am on July 4th.

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Important Information:

- OCMS is not responsible for theft, vandalism, or damages.
- Vendors must clean their booth area daily and dispose of trash in the courthouse parking lot dumpster.

Cancellations & Refunds:

- Once payment and the signed contract are received, **fees are non-refundable.**
- Vendors may not find their own replacement if they cannot attend. OCMS will maintain a vendor waiting list and grant right of refusal accordingly.

Contact Information:

If you have questions, please reach out to Osceola Chamber Main Street at **641-342-4200** or **ocmsevent@osceolaia.net.**
Make checks payable to the address at the top of the form.

By signing below, I agree to all terms and conditions outlined above. I assume full responsibility for any damages, loss, or theft to my exhibit and for any injury to myself. I am responsible for the collection and submission of sales tax.

Signature: _____ **Date:** _____

*Payments must accompany this application.