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4th of July Food Vendor Form

Business: _____

Description: _____

Name: _____ TAX ID: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Booths are \$125.00 per 10X12 spot. Table and chairs are not included. Placement is decided by OCMS and vendor must check in with OCMS representative on the 4th of July. If you need an electrical outlet, you need to bring drop cords.

Electrical Needed (Y/N): _____ Number of Booths Needed: _____ Total Booth Cost: \$ _____

Food Vendor set up can happen any time after 6pm on Wednesday, June 30th, between 8am and 10pm Thursday, July 1, Friday, July 2 or Sunday, July 4. On Saturday July 3rd you can set up anytime from 8am-10am. Please note some streets will be closed off to parking because of the parade start time at 11am on Saturday, July 3. Vendor cars should not be parked around the square during the event.

There are limited booth spaces available. They will be granted first come, first serve. ONLY YOUR ITEMS ON THE CONTRACT ARE ALLOWED AT YOUR BOOTH. OCMS is not responsible for thefts or vandalism. Vendors are responsible for picking up their own garbage each day. Once form and payment are received the fee will not be refunded. If you forfeit the contract, you are not allowed to find your own replacement. OCMS will have a waiting list of vendors that get first right of refusal.

Please feel free to contact Osceola Chamber Main Street with any questions at 641.342.4200 or ocms@osceolaia.net. Please make checks payable to the address at the top of the form. **Forms and payments are due by Friday, June 25th.**

I agree to abide by this contract as stated. I assume full responsibility for any damages, loss, or theft to my exhibit; or injury to myself. I am responsible for collection and submittal of sales tax. I understand that my registration fee is non-refundable. By signing below, I agree to all terms and conditions of this agreement.

Signature: _____ Date: _____

****Payment and proof of insurance must accompany the application with Osceola Chamber Main Street listed as additional insured***

____ Business has filled out state-required Temporary Food License Application and other paperwork.

For Office Use Only
Registration Received: _____
Insurance Received: _____
Date Pymt Received: _____