

PO Box 42
115 E. Washington
Osceola, IA 50213



Phone: 641-342-4200
ocmsevent@osceolaia.net

4th of July Vendor Form

Business: _____

Description: _____

(Only one name brand vendor for each type of product will be allowed such as: Pampered Chef, Scentsy, etc.)

Name: _____ **TAX ID:** _____

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

Phone: _____ **Email:** _____

Booths (10X10) are \$15, you may purchase additional booths for \$10 each. Non-profit organizations are free. Table and chairs are not included. Placement is decided by OCMS and must check in with OCMS representative on the 4th of July. If you need electricity, you will need to bring your own drop cords.

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

Vendor set up can happen any time after 6pm on Thursday, June 29th, between 8am and 10pm, June 30-July 4th. Please note some streets will be closed off to parking because for the parade starting time at 10am on Tuesday, July 4. 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 the 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 ocmsevent@osceolaia.net. Please make checks payable to the address at the top of the form.

Forms and payments are due by Friday, June 9th.

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.