

PO Box 425
115 E. Washington
Osceola, IA 50213



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

Osceola Latino Festival | Vendor Form

Downtown Osceola | September 6th

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:** _____

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: \$20 (non-refundable).
- Non-profit organizations are free.
- 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.
- **ONLY YOUR ITEMS ON THE CONTRACT ARE ALLOWED AT YOUR BOOTH.**

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:
 - Between 11:00am – 1:00pm day of the event

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Important Information:

- Due to construction, **Main Street will be closed off during the event.** Vendor vehicles should not be parked around the square.
- OCMS is not responsible for theft, vandalism, or damages.
- Vendors must clean their booth area 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**.

Please make checks payable to "Osceola Chamber Main Street" and, if necessary, use the address provided 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.



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Business: _____

Description: _____

Name: _____ TAX ID: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

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:
 - Between 11:00am – 1:00pm day of the event

Important Information:

- Due to construction, **Main Street will be closed off during the event.** Vendor vehicles should not be parked around the square.
- There are NO water hookups.
- OCMS is not responsible for theft, vandalism, or damages.
- Vendors must clean their booth area and dispose of trash in the courthouse parking lot dumpster.

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Contact Information:

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Please make checks payable to "Osceola Chamber Main Street" and, if necessary, use the address provided 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 and **proof of insurance** must accompany this application, with Osceola Chamber Main Street listed as additional insured.

***It is the responsibility of the business to make sure all state permits and licensing is in order for the event.** Check with the Secretary of State to ensure conformity.

