



Vendor Application

October 10, 2009 • Noon to 5 PM
 Chesapeake Exploration Center
 425 Piney Narrows Road
 Chester, Maryland 21619

Contact Inspired Events LLC
 410.200.6127 • Fax 410.604.3150
www.TasteofKentNarrows.org

Name of Business: _____

Contact: _____ Tax ID Number: _____

Address: _____

Telephone: _____ Email: _____

Name(s) of representatives attending the festival: _____

Food sampling tickets: **YES NO** If YES, total # of tickets _____
 (Discounted rate of \$15 each. Limit 2 per vendor.)

Briefly describe items being sold at the event (photos accepted):

Fee Enclosed (circle one):

Arts & Craft Vendor -- \$50
 (10'x20' outside)

Arts & Craft Vendor Premium Space -- \$100
 (6'x10' under the restaurant tent)

Business Vendor \$200
 (6'x10' Premium space only)

VENDOR TERMS: Please submit this completed form with check payable to The **Kent Narrows Development Foundation** to TOKN c/o Inspired Events • PO Box 925, Stevensville, MD 21666. Event held at the Chesapeake Exploration Center, Chester, MD. Vendors are responsible for bringing tents, chairs, tables, etc. needed for display. Setup will begin 8:30 am and displays must be ready by 11:30 am. Teardown begins at the end of the event, 5:15pm. The event is rain or shine. For more information call Becky Groff at 410-739-6943.

The undersigned agrees to assume the risk of loss to any property of myself and my staff, whether from breakage, damage, loss, theft, and disappearance of any other cause, for the duration of the event, including set up and closing. Further, I agree to indemnify and hold Kent Narrows Development Foundation, Queen Anne's County Parks and Recreation and Inspired Events, LLC harmless from any and all claims, actions, damages, liability and expense, including attorney's fees in connection with loss of life, personal injury and/or damage to property that may be done or suffered by reason of my fault or negligence in the performance of or failure to perform my responsibilities. The undersigned agrees to and accepts the Vendor Terms as stated above.

Comments/Additional Information:

Signature of Vendor _____ Date _____

Please return completed form along with check (made payable to the Kent Narrows Development Foundation) to:

TOKN
 c/o Inspired Events, LLC
 P.O. Box 925 • Stevensville, Maryland 21666

Payment rec'd: _____ Date: _____ Check #: _____ Vendor #: _____