



**2019 EUFAULA HERITAGE DAY
VENDOR AGREEMENT**

Saturday, May 25, 2019

Eufaula Indian Community Center, 800 Birkes Rd, Eufaula

Mailing Address: Under One Roof, PO Box 1332, Eufaula, OK 74432

This agreement made and entered into this _____ day of _____, 2019, by and between _____, hereinafter referred to as "Vendor" and Eufaula Heritage Days.

The parties herein agree as follows:

1. VENDOR will remit full payment with application to reserve space.

Please put an X beside your choice:

CRAFTSMAN/MERCHANDISE BOOTH

(10' X 10') \$35 _____

(10' X 20') \$70 _____

FOOD BOOTH

(10' x 15') \$75 _____

NON-PROFIT ORGANIZATION BOOTH _____

(Fee will be waived for non-profits that provide a family friendly game or activity with a heritage related theme at their booth. Documentation of non-profit status must be provided)

2. Booths must be open from 9AM until 5 PM

3. **VENDOR** will send a photo or description of the product for sale with the application..

4. Eufaula Heritage Days has the final approval on all items to be sold by the **VENDOR**.

5. Eufaula Heritage Days reserves the right to determine space assigned to **VENDOR**.

6. Electricity will be provided on a first come basis. Please indicate you requirements below.

110 AMP electrical outlet _____ 220 AMP electrical outlet _____ water _____

7. **VENDOR** agrees to maintain booth in a safe manner and keep area neat and clean for customers.

8. Eufaula Heritage Days/Under One Roof assumes no responsibility for damage to or loss of personal property of **VENDOR**.

9. **VENDOR** agrees to indemnify and hold Eufaula Heritage Days/Under One Roof harmless in respect to any/all aspects of its operations.

10. **VENDORS WILL SECURE ALL NECESSARY LEGAL, LIABILITY & HEALTH DEPARTMENT ARRANGEMENTS WHERE APPLICABLE.**

11. **VENDOR** will be responsible for state sales tax.

This agreement shall be binding upon the parties hereto, their successors & assignees; in witness whereof the parties hereto have executed the Agreement on the day & year first written.

VENDOR NAME: _____

VENDOR SIGNATURE: _____

ADDRESS: _____

PHONE: _____ **CELL:** _____

OK TAX ID: _____ **EMAIL:** _____

**RETURN THIS COMPLETED FORM TO UNDER ONE ROOF, PO BOX 1332, EUFAULA, OK 74432
WITH A CHECK OR MONEY ORDER. FOR MORE INFORMATION VISIT www.allunder1roof.org**

ANY QUESTIONS PLEASE CONTACT UNDER ONE ROOF AT 918-689-7505. IF NO ANSWER, PLEASE LEAVE A MESSAGE AND SOMEONE WILL RETURN YOUR CALL AS QUICKLY AS POSSIBLE.