



Date of Event June 13 from 9am to 2pm

Business/Applicant Name _____ # of spaces requested _____

Description of goods/inventory you will be selling _____

Contact Name _____ Contact phone # _____

Contact email (please print CLEARLY) _____

Sale restrictions – No live plants, food, drink, weapons or illegal drug paraphernalia. Other restrictions may apply/please inquire.

Vendor fee is \$45. **Pictures** of your product must accompany your application. **MAIL YOUR COMPLETED APPLICATION AND PICTURES** to Willey Farms 4092 Dupont Parkway, Townsend, DE 19734 Attention Donna. **DO NOT SEND CASH OR CHECK WITH YOUR COMPLETED APPLICATION.** Your application and pictures **will be reviewed**. If approved, THEN your vendor fee will be accepted and your space will be reserved. Cancellation up to 2 weeks prior to the event will get 50% refund. No refund after that time.

- **Approved** vendors MUST be **registered** and **paid ASAP to secure the space. Space is limited**
- Vendors must provide their own table, chair(s) and /or tent. Tents must be weighted.
- Spaces are 10 x 10 /Electric is NOT available
- Set up time is 6:30 to 8:30am. Accepted vendors will be notified of their load in time.
- **NO** packing up until 2pm (Failure to comply and you will not be invited back next time)
- After set up, vendor parking will be elsewhere on the property (Any vendor not moving their car will not be invited back)
- Someone to help you unload is advised. There will not be anyone dedicated to helping vendors unload/load.
- If you generate trash, take it with you.

Release

I assume full responsibility for personal injury to myself, and further release and discharge Willey Farms Inc for injury, loss or damage that may arise from my participation in this event. I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Vendor Signature _____

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Office Use only

Date Fee Pd _____ Amt Pd _____ Cash _____ Credit Card _____ Check # _____ Clerk initials _____