

2022 INDEPENDENCE DAY PARADE Monday, July 4th, 2022

Vendor Application

- NO TOY GUNS OR WEAPONS ARE TO BE SOLD!! Tobacco, alcoholic beverages, and other prohibited substances are not permitted for sale, information or sampling.
- All vendors located on the parade route are required to be officially authorized by the Wakefield Independence Day Parade Committee, and should wear the parade day vendor shirts provided.
- Vendors are required to provide their own power sources, tables, chairs, booths, etc.
- All vendors are subject to inspection by the Wakefield Health Department.
- No vendor carts will be allowed on any street of the parade route.
- Vendors are responsible for keeping their vendor space and surrounding areas clean and free of trash during the event and removing trash after the event.
- Should events beyond either party's control, such as strikes, acts of God, civil disturbance or curtailment of transportation facilities, materially affect either party's ability to perform, this agreement shall be terminated without prejudice. It is provided that this agreement may be terminated for any or more such reasons by written notice from one party to another. By signing below, the vendor agrees with all the terms and conditions of this Vendor Agreement.

Vendor warrants that he/she will not sell or offer for sale any merchandise not enumerated in this application or solicit for any business purpose other than that stated herein.

Vendor Information

Name of Company/Vendor:			
Address:			
City:	State:	ZIP Code:	
Daytime Phone:	Cell:	Fax:	
E-mail Address:			
Day of Event Contact Name:			
Day of Event Cell Phone:			

Vendor Fees

Type of Vendor	Number	Price per	Total Price
Initial Site	1	\$500	\$500
Each additional Pushcart, self-contained mobile unit, or tent		\$500	
Total			
5 5		check, or money order p y Parade Committee	payable to:

Please list all types of food and merchandise that you wish to sell:

License and Insurance Information

Insurance Certificate Enclosed (circle one):	Yes	No	
If No, please explain:			
Insurance Policy Number:			
Insurance Company Name:			
Vendor License Number:			

By submitting this form, you acknowledge that your acceptance is subject to the approval of the Wakefield Independence Day Committee.

Signed: _____

Date: _____

Please return this completed form with payment and copy of insurance, **no later than June 1st** to: WIDC, PO Box 1746, Wakefield, MA 01880

FOR WIDC ONLY

Date Received