



Vendor Application Midwest Rockfest July 22-24, 2010

Please check options of your choice:

Food Concessions (Limit 10 vendors) First come First Served.

- 10'X10' tent service spaces (more space can be acquired if needed)

*Sedwick County permits will have to be issued for additional tent service space

* Note: above space limitation is subject to tent service area and does not apply to service out of trailers.

- Fees:

\$800.00 flat rate for Full Event

\$125.00 Non Refundable Deposit required and **Must Be Received** by May 1st, 2010.

\$675.00 Balance **Due** and **Must Be Received** by May 15th, 2010.

**** Insurance: \$1,000,000 Liability Insurance required for Food Concessions.**

**** Please send a photo copy of current contract with application.**

Merchandise Concession (Limit 5 vendors) First come First Served.

- 10'X10' tent service spaces (more space can be acquired if needed)

*Sedwick County permits will have to be issued for additional tent service space

- Fees:

\$800.00 flat rate for Full Event

\$125.00 Non Refundable Deposit required and **Must Be Received** by May 1st, 2010.

\$675.00 Balance **Due** and **Must Be Received** by May 15th, 2010.

The Following Apply To All Vendors:

- \$100 "Clean Vendor Site" Deposit payable upon entry in the form of cash or check.

(This Deposit is required upon entry and held until tear down and will be ready for pick up after site is inspected by a member of the Midwest Rockfest Vendor Committee.)

- All Events Close on July 24, 2010 at gate closing time.

- All vending spaces are reserved on a first come first serve basis and the order the application and deposits are received

Please Initial Here _____

- Please take note of the following due dates as there will be no exceptions made.

\$800.00 flat rate for Full Event

\$125.00 Non Refundable Deposit required and **Must Be Received** by May 1st, 2010.

\$675.00 Balance **Due** and **Must Be Received** by May 15th, 2010.

- absolutely *No Alcohol Sales*

-Sponsored Products Only for food and beverage vendors - We have a distributor that will be contacting you regarding your supply need.

*Please Read Vendor Rules and General Information on our website www.midwestrockfest.com *

Date: _____

Vendor Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell Phone: _____

Email: _____

Please list items to display or sell including prices you will charge, also please mail in or e-mail us a photo of your display along with your application.

If you need more space for list of items use **Appendix A** at the end of this application.

Item 1: _____ Price: \$ _____

Item 2: _____ Price: \$ _____

Item 3: _____ Price: \$ _____

Item 4: _____ Price: \$ _____

Item 5: _____ Price: \$ _____

Item 6: _____ Price: \$ _____

Item 7: _____ Price: \$ _____

Item 8: _____ Price: \$ _____

Item 9: _____ Price: \$ _____

Item 10: _____ Price: \$ _____

Please Initial Here _____

Other events you have participated in:

1.Event Name:_____ Location _____ Date:_____

2.Event Name:_____ Location _____ Date:_____

3.Event Name:_____ Location _____ Date:_____

4.Event Name:_____ Location _____ Date:_____

Do you have workman's comp? ____ Yes ____ No

If you answered no to the above question, and are self employed we will need a copy of your workman's comp waiver

Describe your food concession unit: Please include size, including length of tongue, awnings, tent stakes, etc.. Electrical requirements; Please try to stay within the 30 amp service. If you need more than 30 amp, you will need to supply own power.

Does your booth require water? ____ Yes ____ No

Vendors are responsible for disposal of their own gray water. There will be someone on grounds to remove it for a fee.

Does your booth require electricity? ____ Yes ____ No (Read Vendor Rules)

How many people will be working in your booth during the event? _____(Limit 2 Per Booth Space Rented, additional wristbands can be purchased at discounted price.)

KS SALES TAX ID# _____

If you are an out of state vendor you can get a temporary Sales Tax ID from the state of KS.

Please Initial Here _____

Please submit this application along with payment and supporting documents to:

MIDWEST ROCKFEST
Attn. Vendor Committee
P.O. Box 1066
Arkansas City, KS.
67005

Telephone: 1-580-362-5287
Toll Free: 1-877-442-3301
Fax: 620-442-3385

Website: www.midwestrockfest.com

Please Check which of the following you have enclosed with your application:

- Completed application**
- Photo of Display**
- \$125.00 Non Refundable Security Deposit**
- \$675.00 Balance fee**

Total Enclosed: _____

Please select type of payment you would like to use to reserve your space:
(Will not be deposited until accepted by vending committee.)

Check - Payable to MIDWEST ROCKFEST

Cash (Do Not send us Cash in the Mail, Please call or e-mail us to arrange cash payments at the Midwest Rockfest Office.)

Credit Card (if you are playing by credit card, please fill out **Appendix B** and fax to: 620-442-3385

Date: _____

All vendors/workers attending the MIDWEST ROCKFEST do so at their own risk. NO liability is assumed by owners, managers, promoters, sponsors, or Artists. All vendors/workers attending MWRF have read and fully understand the Vendor Rules and General Information.

Signature _____ Date _____

Appendix A:
Additional Vendor Items to be sold or displayed

Item 11: _____ Price: \$ _____

Item 12: _____ Price: \$ _____

Item 13: _____ Price: \$ _____

Item 14: _____ Price: \$ _____

Item 15: _____ Price: \$ _____

Item 16: _____ Price: \$ _____

Item 17: _____ Price: \$ _____

Item 18: _____ Price: \$ _____

Item 19: _____ Price: \$ _____

Item 20: _____ Price: \$ _____

Item 21: _____ Price: \$ _____

Item 22: _____ Price: \$ _____

Item 23: _____ Price: \$ _____

Item 24: _____ Price: \$ _____

Item 25: _____ Price: \$ _____

Item 26: _____ Price: \$ _____

Item 27: _____ Price: \$ _____

Item 28: _____ Price: \$ _____

Item 29: _____ Price: \$ _____

Item 30: _____ Price: \$ _____

Item 31: _____ Price: \$ _____

Item 32: _____ Price: \$ _____

Please Initial Here _____

Appendix A:
Credit Card Authorization Form

Please fill out below if you are paying your vendor fees by Credit Card and
fax to : 620-442-3385 (DO NOT MAIL US THIS INFORMATION)

Charges: (please check applicable Fees)

\$125.00 Non Refundable Security Deposit

\$675.00 Balance fee

Total Charge to Credit Card: \$ _____

Type of Credit Card used: ___ Visa ___ MasterCard ___ Discover

Credit Card Acct.# _____

expiration Date on card _____

3 digit Security number on back of card _____

Name on Acct. _____

Billing Address: _____

City/State/Zip: _____

Phone Number: _____

Cell Phone Number: _____

Signature of Card Holder: _____