

FaireVerse 2019 Vendor Application

May 18, 19, 25, 26, & 27

10am-6pm Saturday and Sunday, 12pm-6pm Monday

Non-refundable deposit of \$50 due: February 1st 2019

Payment in full due: March 1st 2019

Booth/ Shop Name: _____

MI State Sales Tax ID Number: _____

Name _____

Phone (____) _____

Email _____

Address _____

City _____ St _____ Zip _____

Vendor Needs:

Please Check Applicable

Food Vendor: Stall ____ Truck ____ Tent ____ Mobile ____

Need Electricity (very limited availability, additional charge of \$20/day) ____

10*10 space (\$50/weekend) ____

20*20 Space (\$100/weekend) ____

Mobile vendor (\$75/weekend) ____

Food Vendor (\$100/weekend) ____

If you need a larger space please email us; include the exact dimensions of your tent, if you need space outside of your tent, or have any other special requirements.

Will you have hazardous materials on site? (generator, gasoline, propane, etc) Yes ____ No ____

Merchandise to be offered:

You may be asked to limit or exclude some items at the discretion of the management.

Booth placement is solely up to the discretion of the FaireVerse management, you will receive your booth assignment after your account has been paid in full.

CAMPING: We have limited camping available, with access to the bathhouse which will be open during FaireVerse off hours. We do not have access to electricity at the campgrounds at this time.

Camping spaces are \$20 a day.

How many days will you be camping: _____

How many spaces will you need: _____

Exact dimensions of your camper or tent: _____

Vendor Badges: Please limit to booth employees only. Employees must be of legal working age. Each vendor is limited to 5 badges.

How many Badges required: _____

Names of Employees:

PLEASE ADD UP THE ABOVE AMOUNTS, INCLUDING CAMPING FEES, AND ADDITIONAL SPACE:

\$_____ is the total amount due for 2019. PLEASE WRITE YOUR BOOTH/SHOP NAME ON YOUR FORM OF PAYMENT

In signing this application, you agree to abide by the rules and conditions set by FaireVerse including but not limited to those in the Merchant Information, Application, Liability waiver, and/or verbally given. This application does not guarantee your acceptance to participate in the Faire. If accepted you will receive a welcome packet via US Mail or email.

Signature: _____

Date: _____

Additional Notes for FaireVerse:

Please sign this application, and mail along with any photos, a Copy of Insurance Coverage, Self-Addressed and Stamped envelope, and a certified check or money order (with vendor booth/shop name included) payable to Events of Elegance LLC to:

Attn: FaireVerse

P.O BOX 373

Comstock Park, MI 49321

***** For
FaireVerse Administrative use only:

Date received: _____

Check or MO #: _____

Amount received: \$ _____

Amount Owed: _____

Check or MO #: _____

Insurance Waiver: _____

Space number: _____

Welcome Letter sent on: _____