



“HISTORY on the river...AUGUSTA, my old Kentucky home.”

Junkfest Day

Vendor Application

May 4th 2024 * 10am to 5pm

Rain or Shine Event

Searching for [Vintage/Antique Vendors](#) to setup for this day.

Direct Sellers are Welcome.

This event will only take up to 3 sublimation vendors & no more. Please be specific of your sublimation items listed on the product line.

VENDOR INFORMATION

NAME: _____

ADDRESS: _____

CELL NUMBER:

www.english-test.net

PRODUCT LINE: _____

Space/Payment/Booth Information

*Outside Event, Rain or Shine

***Fee: Junkfest/Craft/Direct Sell Vendor** \$30.00 Vendor Space
\$ 1.80 6% Sales Tax
\$31.80 Total

Check# _____ Cash _____ Credit Card, fee applies

<u>Food Vendors</u>	\$60.00 Vendor Space
	<u>\$ 3.60 6% Sales Tax</u>
	\$63.60 Total

Check# Cash Credit Card, fee applies

Continue to page 2

Tourism Director
JANET HUNT

219 MAIN STREET P.O. BOX 85 AUGUSTA, KY 41002	phone 606-756-2183	fax 606-756-2185	email jhunt@augustaky.com
			<i>Equal Opportunity Employer & Provider</i>



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Page 2

*Booth area 10x20, Vendors need to supply their own table, chairs, tents, etc.

*Payment is Non-Refundable,

*Deadline for Vendor Application/Payment April 26th 2024 by 5pm

After the 26th there will be an increase:

Craft/Direct Sell Vendors \$37.10

Food Vendors \$68.90

*Vendors need to be setup by 9:30am

*Location: 2nd Street between Main Street & Elizabeth Street.

Vendors will be notified the week of the event of their location

*City of Augusta is Not Responsible for any Accidents or Damaged that might occur to Vendors & their inventory.

For Example: Nature, Weather, Health, COVID-19 Related, etc.

*Electric needed; Yes 110 or 120 No

NOTE: PLEASE READ the 'Release & Indemnification Agreement', Sign, Date and return with vendor application and payment.

Mail Vendor Application, Payment & Release & Indemnification Agreement form to:

Augusta/Bracken County Tourism

%Janet Hunt

PO Box 85, Augusta KY 41002

Vendor Signature: _____

Date: _____

*Tourism Director
JANET HUNT*

219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002

phone
606-756-2183

fax
606-756-2185

email
jhunt@augustaky.com

*Equal Opportunity
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RELEASE & INDEMNIFICATION AGREEMENT

The undersigned person, being over age eighteen, and not acting under any legal disability, in exchange for participating in the following event on the following Date: Saturday, May 4th 2024 hereby state on behalf of myself, and also on behalf of any and all of my minor children or minor children in my care who are also participating in such event, as follows:

I/We assume all risk of bodily injury, bodily harm, disability or death, and assume all risk of property damage and any and all other unspecified risks, in exchange for my/our participation in such event.

I/We hereby release, discharge, hold harmless and indemnify the City of Augusta, Kentucky, and all of its employees, officers, agents, volunteers, representatives, contractors, successors and assigns, from any and all liability, claims, demands, controversies, damages, actions, causes of actions, and judgments of any nature whatsoever, resulting or arising from our participation in the above event.

SIGNATURE of Vendor, Performance, Participants, etc.

PRINTED NAME : _____

DATE: : _____

Witnessed By: _____

PRINTED NAME : _____

DATE: : _____