

INVESTOR APPLICATION

EVENT: JUNE 2-4, 2017

PLEASE READ THE DOWNTOWN DAYS RULES & REGULATIONS CAREFULLY BEFORE COMPLETING APPLICATION.

The Downtown Days Committee reserves the right to assign booth spaces and accept or reject applications. If your application is accepted, you will receive a confirmation packet via email in late April listing your booth number. If your application is not accepted, your fee will be refunded. **APPLICATION DEADLINE: APRIL 1, 2017. NO REFUNDS WILL BE MADE AFTER APRIL 1, 2017.**



Presented by:



CONTACT NAME _____ PHONE _____

BUSINESS NAME _____ EMAIL ADDRESS _____

ADDRESS _____ CITY/STATE/ZIP _____

Booth Type: Vendor or Entryway (Please check one. See letter for explanation.) MO Sales Tax ID Number _____

Request for Booth Location: As close to my store as possible or Other Location: _____

List all items to be sold/displayed: (Must be associated with your business)

PLEASE CHECK THE APPROPRIATE BOOTH CATEGORY & AMENITIES:

	Booth Size	General Price	Non-Investor, Merchant Cost	Investor Cost	Amount Due
<input type="checkbox"/> Handcrafted Booth Space (vendor or entryway)	10' x 10'	\$275	\$100	\$50	_____
<input type="checkbox"/> Commercial Booth Space (vendor or entryway)	10' x 10'	\$450	\$100	\$50	_____
<input type="checkbox"/> Food and/or Drink Booth - ENTRYWAY	10' x 10'	N/A	\$100	\$50	_____
<input type="checkbox"/> Food and/or Drink Booth - VENDOR (Required County Health Permit not included in fee)	10' x 10'	\$400 + 10% gross receipts	\$200 + 10% gross receipts	\$125 + 10% gross receipts	_____
<input type="checkbox"/> Food and/or Drink Booth - VENDOR (Required County Health Permit not included in fee)	10' x 20'	\$750 + 10% gross receipts	\$300 + 10% gross receipts	\$215 + 10% gross receipts	_____
<input type="checkbox"/> Food and/or Drink Booth - VENDOR (Required County Health Permit not included in fee)	10' x 30'	\$1,150 + 10% gross receipts	\$400 + 10% gross receipts	\$305 + 10% gross receipts	_____

Electrical Needs: *Must provide your own 100 ft. extension cord

<input type="checkbox"/> 110 Volt, 15 Amp Hook-up*	<input type="checkbox"/> lighting/cash register	<input type="checkbox"/> cooking/heating	<input type="checkbox"/> refrigeration	\$35 per circuit	_____
<input type="checkbox"/> 220 Volt Electrical Hook-up*				\$105	_____
<input type="checkbox"/> Tent rental to cover booth space (with sides)	10' x 10'	\$250	\$200	\$200	_____

TOTAL ENCLOSED: \$ _____

The DLSMS Investor Cost column represents a significant discount. Festival staff will place investors as close to their storefront as possible upon request, provided the storefront is within the permitted space for vendor booths. Requests may not be accommodated after the application deadline of **April 1, 2017**.

FOOD VENDORS: Please list total dimensions of your booth/trailer _____ Will you be needing access to water? _____

Vendor covenants that it will protect, defend, hold harmless and indemnify Downtown Lee's Summit Main Street Inc. (DLSMS), the Downtown Days Committee and the City of Lee's Summit, their directors, officers, successors, assigns, employees and volunteers from and against any and all expenses, claims, actions, liabilities, attorney's fees, damages and losses of any kind whatsoever, actually or allegedly, resulting from or connected with the participation as a Vendor in the Festival. DLSMS, the Downtown Days committee and the City of Lee's Summit shall not be liable for any loss or damage to any merchandise or personal property in or about Vendor's booth, regardless of the cause of such loss or damage. **DLSMS and the Downtown Days Committee reserve the right to negotiate and/or reject individual booth spaces and applications.** Vendor agrees to submit to the jurisdiction of the courts in the state of Missouri and that Missouri law applies. I, the undersigned authorized agent, dutifully swear that I have thoroughly read the accompanying Downtown Days Rules & Regulations and agree to comply.

SIGNATURE: _____

DATE: _____

Make all checks payable to **DLSMS** and mail to:
13 SE Third St.
Lee's Summit, MO 64063

STAFF USE ONLY			
Date Received _____	Electrical Fee \$ _____	Amount Due \$ _____	
Booth Fee \$ _____	Tent Yes No	Check # _____	