



November 4, 2017 11am till 5pm in Eastport
20th Annual Tug of War

MAIL: PO Box 3455, Annapolis MD 21403 and/or EMAIL: ministerofwar@themre.org

Food Vendor Registration Form 2017

Company _____

Contact Person _____

Street Address _____

City, State, Zip _____

Phone: _____ Cell phone: _____ Fax: _____

Best way to contact

E-Mail: _____ prior to event: _____ day of event: _____

Website _____

1. Description of Services to be offered:

Check One Choice \$200 + 10% or \$400 flat rate

Description (Please check one): Food Drinks

Other _____

2. Questions? Call Stephanie at 703-447-2657.

The Tug of War will be held
RAIN OR SHINE - Saturday, November 4, 2017
From 11am until 5pm

Spa Creek End of Second Street, MRE to Susan B. Campbell Park, Annapolis

Vendor agrees to hold The Maritime Republic of Eastport harmless from liability for any injury, damage or loss related to the event.

Received By:	Check No:	Date:
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MRE Authorized signature: _____ Title: _____ Date: _____

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Please read the ENTIRE APPLICATION before signing and returning.

1. Vendors are responsible for timely arrival. Setup is between 8-10am Saturday morning. Space is forfeited if not occupied by 10am. Vehicles will not be permitted to remain on site after 10:00am, except where prior arrangement is made with the MRE. Vendors are responsible for cleaning and restoring their area to its original appearance by 7pm.
2. *All transactions for items sold from space are to be done so by ticket sales only. At no time should any cash be collected as vendors will receive their payout prior to leaving the event based on tickets sales.*
3. *Vendors are responsible for their own generators, water supply, etc. as needed.*
4. **Event will be held RAIN OR SHINE.** This is an outdoor event. We plan on providing good weather, but can't promise it!
5. Each vendor will receive an assigned 10' x 10' space. Flexibility is required as some sites abut sidewalks and public rights of way. Please note in space below if your site plan is not flexible or you require a completely flat area.
6. **Vendors provide their own assistance, tents, tables and chairs.** All tents must be approved for fire-safety – the fire inspector will be on site on Saturday morning to check tents. All tents must have a fire extinguisher on hand, per Annapolis fire code.
7. **NEW this year:** MRE is working to make this event at Green as possible. **ABSOLUTELY NO STYROFOAM** will be permitted. We can refer you to sources of Greenware for your food service.
8. Every attempt will be made to keep each vendor site unique. **List all products to be sold in the space below.** Vendors are required to supply and maintain at least one garbage can and one recycling bin at their booth.
9. **Due date is October 15.** An application is considered a commitment to the festival.
10. Applications do not confirm acceptance into event. Confirmation is made via mail (receipt) or phone call. Please list a number where you can be reached.
11. Vendors are responsible for their own insurance. Please provide proof of insurance and must have a valid license when applicable. The Maritime Republic of Eastport is not liable for any loss, theft or damages to property caused by fire, casualty, acts of God or man to merchandise or person. The Maritime Republic of Eastport will not be held liable for damage or loss to personal property or for injury to persons or employees while on the premises. An accepted/confirmed vendor agrees to assume full responsibility to prevent these occurrences, provide insurance and secure against anticipated loss. This event will be held rain or shine. No refunds, no exceptions.
12. *Vendors are responsible for any permits that need to be obtained through the Anne Arundel County Department of Health and the health inspector will be on site the morning of the event.*
13. Signing this application indicates you have read, understood, and agree to comply with event rules. The Maritime Republic of Eastport reserves the right to dismiss any vendor who violates the contract.

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Please list the merchandise you will be selling and/or the services you will be providing.

Please describe your booth space, including any special needs. Please include information on your tent size, if applicable, electrical needs, number of people working and any other relevant information. **Attach a sketch of booth layout.** This information allows us to place you in a space most suitable for your size and needs. Please be as complete and descriptive as possible.

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Please Sketch your booth Layout here



Name: (please print) _____

Company Name: _____

Vendor Applicant Signature _____ Date _____

Vendor Coordinator, The Maritime Republic of Eastport _____ Date _____