



MARKET VENDOR APPLICATION

OCTOBER 28 & 29, 2016 // 5:00 PM - 10:00 PM

SALT RIVER FIELDS // WWW.SRFBALLOONFESTIVAL.COM

DEADLINE: OCTOBER 21, 2016

CONTACT INFORMATION (Please type or print legibly)

Contact Name _____ Business Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

BOOTH INFORMATION (Please type or print legibly)

List & describe all products & services

Booth will have amplified music? (explain) _____

MARKET VENDOR FEES

_____ 10 x 10	Unfurnished Booth Space	\$400 each	_____ Additional Table	\$15 each
_____ 10 x 10	Furnished Booth Space	\$650 each	_____ Sidewalls	\$25 each
*includes (1) 10 x 10 tent, (1) 8ft table (2) chairs				
_____ 10 x 20	Unfurnished Booth Space	\$900 each		
_____ 10 x 20	Furnished Booth Space	\$1,100 each		
*includes (1) 10 x 10 tent, (1) 8ft table (2) chairs				

Power needed + \$75 per booth # Outlets _____ Special Requests _____

TOTAL DUE: _____ PAYMENT METHOD: CASH / CHECK / CREDIT CARD (FORM ON PAGE 4)

PLEASE MAKE ALL CHECKS PAYABLE TO: SALT RIVER FIELDS
 MAIL COMPLETED APPLICATION & PAYMENT TO:
 Salt River Fields at Talking Stick
 7555 N. Pima Rd. Scottsdale, AZ 85258
 Application will not be processed and space will not be secured until payment is received.

REQUIREMENT ITEMS FOR ACCEPTANCE INTO EVENT

Community licensing is the responsibility of each vendor.

- Completed Spooktacular Market Vendor Application, Booth Site Plan & Payment
- 2016 SRPMIC Business License. Visit <https://secure.srpmic-nsn.gov/BusinessLicense>
- Certificate of Insurance - \$1 Million Policy & list Salt River Fields as additionally insured (see page 3)

For the safety, security, and benefit of our vendors, all participants must abide by the rules and guidelines on the following page. Any non-compliance may result in immediate removal from the festival and further action will be taken, if necessary. Please indicate by signing below that you have read and will comply with the rules and guidelines set forth.

VENDOR SIGNATURE _____ DATE _____

CONTACTS Chris Bonnell 480-270-5166 chrisb@saltriverfields.com

MARKET VENDOR RULES & GUIDELINES

- Market Vendor Applications, non-refundable registration fee and any supporting documentation must be submitted by October 21, 2016. Salt River Fields are not responsible for applications that do not include the necessary documentation.
- Submission of an application does not guarantee acceptance for the event. Due to the limited space, vendor selection will be based on line of business, completion of paperwork, and payment. In addition, SRF utilizes the North American Industry Classification System (NAICS) and as such, SRF reserves the right to limit the number of participating vendors in all lines of business. Any application fees submitted will be refunded to any vendor not approved.
- All vendors must hold a 2016 SRPMIC Business License. Please visit <https://secure.srpmic-nsn.gov/BusinessLicense>

BOOTH REQUIREMENTS

- Exclusivity is **NOT** guaranteed to **ANY** participant.
- Booth space in **NOT** reserved until payment is received.
- Vendor locations are non-negotiable.
- Vendors are responsible for setup and teardown of all signage, tents, tables, and equipment (except furnishings by SRF). You may use only your assigned space.
- Vehicles are only allowed on the event site for setup prior to the event and for teardown after the event closes. You will be notified when it is safe to bring your vehicle onto the event site. All vendors will receive a confirmation letter regarding load-in and load-out times.
- Any vendor not staffing their booth for the duration of the event will be fined \$75 and required to shut down for business.

LOAD IN/LOAD OUT INFORMATION

- Vendors may load-in on Thursday, October 27, from 10am to 6pm & Friday, October 28 from 10am to 3pm.
- All vendors must be in place by 3pm on Friday, October 28
- Vendors will be allowed to leave on October 28 to replenish their supplies.
- All vendors must be back in place and ready to conduct business by 3pm on October 29
- Final load-out for the event can begin at 10:15pm on the 29th or upon approval from SRF Security.

GENERAL

- All Spooktacular participants and their employees are expected to serve as a positive representation of the community and at no time should engage in any illegal activities. Any vendor found in violation of these rules can be fined and immediately removed from the festival.
- SRF, employees, related festival providers and participating sponsors will **NOT** be responsible for any injury, loss, or damage that may occur to the vendor, its employees or property prior to, during or subsequent to the period covered by the vending contract. The vendor signing this contract expressly releases all of the aforementioned from any and all claims from such loss, damage or injury.
- SRF is grateful for the support of our sponsors. All vendors are expected to work with our sponsors and follow contract specifications when applicable. This event will be photographed and/or videotaped. By participation in this event, you hereby consent to the use of your likeness or image in those photographs or video for future promotional consideration by Salt River Fields at Talking Stick.

ACCEPTABLE PRODUCTS AND SERVICES FOR MARKET VENDORS INCLUDE:

- Non Perishable, commercially packaged food items
- Artwork, Crafts, Jewelry, Clothing, Kitchen Utensils, Decor, Toys, Pet Products
- Professional Services

PROHIBITED PRODUCTS & SERVICES INCLUDE:

- Unpackaged / perishable foods of any kind
- Beverages of any kind
- Weapons of any kind
- Illegal items or services of any kind

INSURANCE

Company shall maintain and pay all premium costs for and ensure that Company's contractors maintain and pay all premium costs for the following insurance coverage in amounts not less than specified throughout the duration of the event.

A. Statutory Workers' Compensation, including Employer's Liability Insurance, subject to limits of not less than \$500,000.00, affording coverage under the Workers Compensation laws of the applicable state. Company will cause, if allowed by law, its workers' compensation carrier to waive insurer's right of subrogation with respect to SRF its parents, partners and their affiliated companies.

B. Commercial General Liability Insurance for limits of not less than \$1,000,000.00 per occurrence Bodily Injury and Property Damage combined; \$1,000,000.00 per occurrence Personal and Advertising Injury; \$2,000,000.00 aggregate Products and Completed Operations Liability; \$100,000.00 Fire Legal Liability, and \$2,000,000.00 general aggregate limit per event. The policy shall be written on an occurrence basis.

C. Automobile Liability Insurance with a limit of not less than \$1,000,000.00 combined and covering all owned non-owned and hired vehicles.

D. Umbrella Liability or Excess Liability Insurance may be requested at the discretion of SRF over limits and coverage noted in paragraph B, above. This policy shall be written on an occurrence basis.

Policies (b), (c), and (d) above shall be endorsed to name SRF, SRPMIC, their respective parents, partners, subsidiaries, divisions and affiliates, and each of their respective officers, directors, shareholders, employees, agents and representatives as "Additional Insured's" with respect to any and all claims arising from Company's operations. The Company will deliver to SRF satisfactory evidence of the insurance coverage described above on a certificate form approved by SRF or, if required, copies of the policies. All required insurance will be placed with carriers licensed to do business in the applicable state(s), will have a rating in the most current edition of A.M. Best's Property Casualty Key Rating Guide that is reasonably acceptable to SRF and will provide thirty (30) days written notice of cancellation or non-renewal to SRF.

Should any additional premium be charged for such coverage or waivers, Company will be responsible to pay said additional premium charge to their insurer. All insurance furnished by Company hereunder will be in full force and effect at all times during the event.

E. Company agrees that it will, at its sole expense, procure and maintain insurance as follows:

TYPE OF INSURANCE	LIMIT OF INSURANCE
General Commercial Liability	\$1,000,000 Per Occurrence / \$2,000,000 Aggregate
Workers Compensation & Employers Liability	Statutory
Business Auto Liability including Hired & Non Owned Auto Liability	\$1,000,000
Excess / Umbrella	\$2,000,000 Per Occurrence

Company agrees solely with respect to liability caused by the sole negligent acts of Company to name SRF and Salt River Pima Maricopa Indian Community, its officers, employees, volunteers and directors as Additional Insured's on Company's General Commercial Liability and Auto liability insurance policies. Such insurance shall be provided to Additional Insured's on a primary and non-contributory basis.

To the maximum extent permitted by applicable law and the insurance policy maintained, Company agrees to waive their insurer's rights of subrogation.

Prior to commencing the Services, Company shall furnish a certificate of insurance evidencing compliance with the foregoing provisions and insurance requirements.

INDEMNIFICATION

Vendor shall indemnify, defend and hold harmless SRF and their respective parents, partners, subsidiaries, divisions and affiliates, and each of their respective officers, directors, employees, agents and representatives from and against any and all claims, demands, suits, causes of action, liability, judgments, damages, costs and expenses (including reasonable attorneys' fees and court costs) (collectively, "claims") asserted against any of the SRF parties and arising out of or resulting from (i) the acts or omissions of vendor, its employees, agents or subcontractors. The foregoing shall include, without limitation, any claims for bodily injury, death or property damage.

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THE INFORMATION BELOW:

I, _____ authorize Salt River Fields to charge my credit card indicated below
(Full name)

for _____ (amount) _____ (date)

This payment is for _____

Billing Address _____ Phone #: _____

City, State, Zip _____ Email: _____

Account Type:	Visa	Master Card	AMEX	Discover
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
CVV2 (3 digit number on back to Visa/MC, 4 digit on front of AMEX)	_____			

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorized form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.