



## Vendor and Craft Market Application

Saturday August 17th, 2024---- Outdoor Event held Rain or Shine

### Applicant Information

Name: \_\_\_\_\_

Business/Products Represented: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Disturbances and Violation of Laws:** Tenant, shall not use the premises for any unlawful purpose and shall comply with applicable federal, state, and local laws and ordinances, including laws prohibiting the use, possession or sale of illegal drugs.

**Insurance:** City of Kenyon shall not be liable to tenant. Tenant is responsible to insure personal property, person, and inventory while renting space(s) for retail purposes.

**Hold Harmless:** To the fullest extent permitted by law, Tenant hereby agrees the City of Kenyon will be held free and harmless from any and all loss, claim or damage by reason of any accident, injury, or damage to any person or property occurring on or about the rented premises.

**Disclaimer of Security Warranties:** City of Kenyon makes no warranties, guaranties or representations regarding the security of the premises or common areas. Tenant hereby agrees and acknowledges the Tenant shall have the exclusive responsibility of protecting rented area(s) from crime, fire, and other dangers. City of Kenyon shall not provide and shall have no duty to provide any security for rented space(s).

**Payment of Rent:** Rent is \$25.00 for a 10x10, \$40 for 10x20, payable at the time of tenant's application for the event. **Deadline Tuesday August 5th, 2024.** Payments accepted via: Paypal (on City of Kenyon's website- mark as "Craft vendor" and send application copy email or text to Contact below), checks or Venmo to Kim Helgeson.

Sale Hours are 9am-3pm Location: Kenyon United Methodist Church, 429 4<sup>th</sup> St Kenyon MN

Event is an outdoor event (asphalt street) and will be held Rain or Shine- No Refunds will be given

Signature of Tenant(s): \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed application, ST19 and check payments to:

Kim Helgeson

or Text/email if wanting to send via Venmo

Contact

426 4<sup>th</sup> St

Kim Helgeson 507-210-1595

Kenyon, MN 55946

[kimmihelge@outlook.com](mailto:kimmihelge@outlook.com)