Vendor Application Form  
45th Annual Festival  
Saturday August 20, 2016

The vendor agrees to rent a display space for $50. As a condition of this rental agreement the vendor agrees to abide by the following terms and conditions. **Spaces will be assigned but you may choose from the enclosed map as to your preference.**

1. The vendor is solely responsible for any injury or loss that may arise from any actions of his employees while in Littlestown borough.
2. All insurance, all tax liability are the sole responsibility of the Vendor: includes state tax if applicable.
3. Reservations and space assignment are made as they come into the registrar. You may indicate your preference on the enclosed map, but the registrar will make the decision.
4. Spaces are 20 ft. x 20 ft., but can be adjusted slightly for special needs.
5. Fees are non-refundable, spaces can not be sublet. And must be attended all day.
6. Anyone found to be causing a disturbance or doing business in a fraudulent or objectionable manner will be removed.
7. Set up starts at 6:00 AM, clean-up and removal as soon as possible after 4:00 PM.
8. The Vendor agrees that the borough, LAHS and the citizens of Littlestown are not responsible for any item or action beyond the scope of this agreement.
9. Food Vendors will not sell Bar-B-Que Chicken (Our Fire Company has the rights for the chicken.) Food vendors will not set up around the edge of the park.

Signing this agreement signifies the vendor agrees to abide by these regulations (0305-09615-business)

Signature _______________________________________  Email ____________________

Please Print your name _____________________________________________________

Type of craft ______________________________________________________________

Business Name ____________________________________________________________

Address _________________________________________  Phone ___________________

City _____________________________ State_________________ Zip________________

Fee enclosed $_________________ check or money order Number ___________________

Make checks payable to the LAHS. Send form to Sharon Lentzner, 605 West Myrtle Street, Littlestown, PA 17340 Email questions to slen@comcast.net or call Sharon, our Vendor registrar at (717) 359-9550