

Vendor Application Form

Show Date _____

R.W. ERICKSON FOUNDATION

50 Starks Lane, Wallsburg, Utah 84082

435-654-3570 FAX: 435-654-2827

http://www.richardericksonfoundation.org

Email: rwerickson35@yahoo.com

Vendor Name:

Business Name:

Address:

City, State, Zip:

Telephone: _____ **Cell Phone:** _____

FAX: _____ **Email Address:** _____

Required:

1. If you're a food vendor, we need a **copy of a Wasatch County Food Handler Permit sent to Erickson Foundation no later than one week before the show.** Contact **Heber City (Utah) Health Dept. at 435-654-2700** for more information.

2. Copy of \$500,000 or more liability insurance with R.W. Erickson Foundation and R.W. Erickson listed as Additional Insured on the policy, if this applies to your product. NOTE: All rides need this. 3. Check if you need:

___ Water ___ Electric Outlet (power is limited) ___ Campsite, includes restrooms and showers (Security gates close at midnight) (\$10 / night - No Reservations Necessary)

4. All vendors must have wristband on at all times.

5. Vendors Fee is 15% of gross sales to give back to Foundation.

This agreement is between R. W. Erickson Foundation and vendor listed on this Application & Agreement, herein called "Vendor". R. W. Erickson and Vendor are mutually entering into a short-term agreement to display, promote and sell the vendor's product(s) at THE POWER SHOW.

This is an outdoor event. Vendors provide their own canopy and tables. Open pit fire must be attended by an adult at all times. A portable fire extinguisher must be located close to all open fire pits. First aid kits required on all vendor sites.

I, _____, agree to oblige by the above rules and regulations to ensure safety.

Vendor Social Security No. _____ **Sales Tax No.**

Vendor Spaces Are Assigned on a First-Come-First-Serve Basis

THANK YOU FOR YOUR PARTICIPATION!