MAIN STREET FARMERS' MARKET

May 12th - September 29th 2015 Every Tuesday, 4:30 - 6:30pm Main Street Pavilion Chanute, Kansas

REGISTRATION FORM

NAME:	
BUSINESS NAME:	
Sales Tax Acct #:	(If you do not have one, you will receive an event acct # in your packet.)
STREET ADDRESS:	
CITY, STATE, ZIP:	
PHONE #:	CELL #:
EMAIL ADDRESS:	
Farmers' Market Committee and the City of Chanut from and against any and all expenses claims, actio actually or allegedly, resulting from or connected with of Chanute, Main Street Farmers' Market Committee any merchandise or personal property in or about Vo Street Farmers' Market Committee reserves the right agrees to submit to the jurisdiction of the courts is authorized agent, dutifully swear that I have thorough	d, hold harmless and indemnify Main Street Chanute, Inc., the Main Street e their directors, officers, successors, assigns, employees, and volunteers ns, liabilities, attorney's fees, damages and losses of any kind whatsoever, the participation as a Vendor in the Main Street Farmers' Market. The City and Main Street Chanute, Inc. shall not be liable for any loss or damage to endor's booth, regardless of the cause of which loss or damage. The Main to negotiate and/or reject individual booth spaces and applications. Vendor n the state of Kansas and that Kansas law applies. I, the undersigned ly read the rules and regulations and agree to comply.
Name (printed):	
AUTHORIZED SIGNATURE:	DATE:

Main Street Chanute, Inc., Ruthann Boatwright, Executive Director PO Box 22, 4 East Main Street Chanute, Kansas 66720 620-431-0056

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