



STREET VENDOR APPLICATION

Business Name: _____

Contact Person: _____

Email: _____

Phone: Day _____ Evening: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

The above hereby applies for Street Vendor rights during the Marysville Strawberry Festival Grand Parade, and agrees to comply with the regulations and requirements associated with their activities. The following fees are to be paid with the application. Applications fees are non-refundable.

of Permits Needed _____ x \$75 = Total Enclosed: \$ _____

Wristband must be worn and displayed in sight at all times. Vendors without wristbands will be removed from the parade route by either a Maryfest Official, Seafair Marshal, or the Marysville Police Department.

HOLD HARMLESS AGREEMENT: I hereby release Maryfest, Inc, dba The Marysville Strawberry Festival, Marysville School District #25 and the City of Marysville and its employees and agents of and from any and all claims, demands, damages, actions causes of action or suits of any kind or nature, including claims fro any and all injury and property damage or loss sustained as a result of any accident which may occur during the Marysville Strawberry Festival. That this release is expressly intended to cover and include all claims civil or otherwise past, present or future which can or may ever be asserted by the undersigned, their heirs or others as a result of injuries, illness, disease or damage to property of aforesaid persons or effects or consequences thereon. The undersigned hereby declares that the terms of this agreement has been completely read and are fully understood and voluntarily accepted.

Signature

Date

Please remit full payment to:

**MARYSVILLE STRAWBERRY FESTIVAL
ATTN: PARADE
PO BOX 855
Marysville, WA 98270
Phone: (360) 659-7664 Fax: (360) 651-9854**

Signed applications must be in our office by May 15th. Not responsible for postal, email, or fax delay.

NOTE: All applications are subject to review and approval by the Parade Committee

FOR OFFICIAL USE ONLY

Date Rec'd: _____

Amount Paid: _____

Check # _____