

HIGH STREET BAZAAR

Vendor Application

General Information		
Name (First & Last)		
Name of Business (if applicable)		
Email Address		
Telephone #		
Street Address		
City	State	Zip
Website (if applicable)		

Vendor and Product Information	
1. What goods and/or services do you intend to offer if approved as a Bazaar vendor?	
2. Do you make this product yourself? If not, do you somehow add value to it? How?	YES ___ NO ___
3. Have you reviewed and understand the Bazaar Guidelines that are provided at http://www.downtownmorgantown.com/msm_events/high-st-bazaar/ and do you promise to uphold these Guidelines in all interactions with the management, customers, and fellow vendors? YES ___ NO ___	
4. Have you included at least three (3) photos of your products/goods you intend to sell?	YES ___ NO ___
5. Can you perform a live demonstration of your craft at the Bazaar?	YES ___ NO ___
6. What date(s) do you plan to attend the bazaar?	

Terms and Conditions/Hold Harmless Agreement

My signature below indicates my agreement to the following terms and conditions (to be signed by each artisan included in this application – add additional signature lines as necessary):

- a) I have read, understand, and agree to the Bazaar Guidelines.
- b) All information included in this application is truthful to the best of my knowledge.
- c) I will be present and attempt to provide sufficient inventory for the duration of the market hours for which I register.
- d) I assume the risk of damage or loss of any goods I display at the Bazaar.
- e) I acknowledge that the High Street Bazaar and Main Street Morgantown has the right to use my name, image, and images of any work I submit for promotional purposes.
- f) I will be supportive of and demonstrate a cooperative attitude towards others involved in the bazaar.
- g) I agree to indemnify and hold harmless Main Street Morgantown – High Street Bazaar, as well as MSM’s officers, directors and employees, together their successors and assigns, from any claim, damage, loss, expense, liability, obligation, action or cause of action (including reasonable attorney’s fees) which I, may sustain, pay or suffer by reason of any act, omission or negligence by MSM.

Signature: _____ Date: _____

Please submit this form and all photos to:

Barbara Watkins – MSM Assistant Director

Email:

barb@downtownmorgantown.com

nikki@downtownmorgantown.com

In Person:

201 High Street, 3rd Floor

Morgantown, WV 26505

Mail:

Main Street Morgantown

201 High Street, Suite #2

Morgantown, WV 26505

