



# Multicultural Fair 2014

## Food Vendor Application



**Saturday, Sept. 20 \* 10 a.m.-3 p.m. \* Comeford Park, 514 Delta Ave.**

The purpose of the first-ever Marysville Multicultural Fair is to share the cultural traditions of our various ancestries. Application acceptance will be based on available space and adherence to the mission of the event. The Multicultural Fair is focused mainly on cultural traditions.

Name of Group: \_\_\_\_\_

Country/Culture Represented: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Food Vendor \$100 per booth space**

Type of food? \_\_\_\_\_

Do you need electricity? Y / N

*All vendors must supply own canopy/tent, tables and chairs. Food vendors must have all permits completed from the Snohomish Health District. If approved, food vendor will need to fill out food vendor contract.*

**Application Deadline: Friday, Aug. 8, 2014**

**Return to:** Doug Buell, City of Marysville  
1049 State Ave.  
Marysville, WA 98270

Phone: (360) 363-8086  
Fax: (360) 651-5033  
Email: [dbuell@marysvillewa.gov](mailto:dbuell@marysvillewa.gov)

Make checks payable to **“City of Marysville”**; send to the address above  
Attn: Multicultural Fair.

In consideration for being permitted to participate in the Marysville Multicultural Fair, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which may occur as a result of participation in this activity. This release is intended to discharge in advance, the City of Marysville, its officers and employees, sponsors, contractors, volunteers and agents from any liability arising out of, or connected in any way with, my participation in this activity, even though that liability may not rise out of the negligence or carelessness on the part of the persons or entities mentioned above. I agree for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the persons and entities mentioned above and their respective elected and appointed officers, official agents and employees from any and all claims, demands, actions or suits arising out of or in connection with my participation in this activity.

I have read the “Waiver of Liability” and the vendor information included with this application form and agree to the terms and conditions as outlined for the activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_