

The Vintage Barn Sale

6147 Parkville Rd Anderson Ca. 96007

Vendor Information

Event Date: October 8, 2011 8am- 5pm

Vendor Set-up: Friday October 7, 2011 From 10 am to 8 pm

Tear Down: Saturday or Sunday

After Party: There will be a party for vendors right after show from 5pm until 6pm. BYOB

Most creative booth award: There will be a contest for the most creative booth at the show. The winner shall receive one hundred dollars.

Taxes and Licenses: Each vendor shall comply with all applicable city, county, state and federal taxes and laws. Vendors shall hold The Vintage Barn, Williams Family Investment L.p. and all individual producers harmless against any failure to do so.

Products/Merchandise: Vintage Inspired items, Antiques, French Chic, Artisans, Garden, Shabby, Chic, Primitive, Repurposed, Up Cycled, Homemade and Handcrafted, Refurbished, Reclaimed, Rustic, Cottage Style and more. No massed produced products.

***** This is a Rain or Shine Event. Fee is Non-fundable**

Check List:

- * Vendor Application**
- * Vendor Rules and Regulations Form**
- * Payment**

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Application

Name (Last/First) _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____

E-Mail _____

Category: (Please Check one)

Antiques _____ Crafts _____ Food _____ Art _____ Jewelry _____

Other _____ Please Specify: _____

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Vendor Booth: Sizes Vary

Price Per Space: \$50.00 Number of Spaces _____

Total Amount Due: _____

Please make checks payable to:

**Williams Family Investment LP
2568 Bechelli Ln.
Redding Ca 96002**

Please make copies of all documents for your records. Mail signed originals to above address or fax 530-223-6622

Any Questions please call the Barn Gals:

Tanya 530-227-1340 Lyndi 530-410-3883

Or Email: thevintagebarn@ymail.com

**Websites: www.ponderosaridgeranch.com
www.thevintagebarn.com**

Please remember it is your responsibility to make sure we receive your check. A receipt will be emailed, faxed or mailed to you to confirm your space at show. Your booth number will be on the receipt. Also make sure all documents are mailed with payment. As this may delay acceptance as a vendor.

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Each Vendor Must initial each page and sign and date page five

- 1. All Vendors must be paid in advance. No spaces will be held without proper documentation and payment in full received.**
- 2. Assignment of Vendors space will be at promoters discretion.**
- 3. Vendor must exhibit within space provided by promoter.**
- 4. Show will be held rain or shine. No refunds.**
- 5. Vendor shall be notified within 10 days of receipt of documents and payment of acceptance to event.**
- 6. Vendor agrees to hold harmless the promoter and expressly releases promoter from liability from loss or damaged caused to persons or property while at venue. Vendor shall indemnify against any and all liability or expenses arising out of any claim of injury or damage to any person or property, together with all costs in connection with the defense of such claim, including attorney fees.**
- 7. All Vendors shall remain open during event hours 8am-5pm.**
- 8. Food Vendors must be licensed with Shasta County Environmental Health and must obtain permit for this event. Please contact Fern: 530-225-5787 for permit. Vendors must provide proof of permit to promoter.**

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9. Vendors are required to clean up their space after event. Any all debris shall be removed premises at end of event. Any vendor who leaves garbage in their space shall be assessed \$50.00. Food Vendors must provide a trash receptacle and are responsible for its removal.

10. Promoter reserve the right to remove from the premises any person behaving in a manner potentially harmful or detrimental to promoter or vendors or other guests.

11. Promoter reserves the right to use photos or video from this event for advertisement or other promotional purposes.

12. Smoking, fire, fireworks or any open flame is Prohibited on property.

I HAVE READ AND UNDERSTAND EVERY AND ALL PARTS OF THIS CONTRACT

Signature_____ **Date**_____

Print Name_____

Signature_____ **Date**_____

Print Name_____

