

 $\begin{array}{l} \mbox{Historic Downtown Kingsville} \\ \mbox{November } 22^{nd}-5 \mbox{-}9pm \\ \mbox{December } 7^{th}-2 \mbox{-}6pm \end{array}$

VENDOR APPLICATION FORMS Payments will be accepted after OCTOBER 1, 2024

Please return the following completed documents:

- 1. Completed and Signed Registration Form
- 2. Payments are to be made payable to: **CITY OF KINGSVILLE**
- 3. Payments can also be made with credit card with additional processing fee.
- 4. Signed Indemnity Agreement and Liability Release

To: <u>City of Kingsville</u> c/o Kingsville Visitors Center 1501 N. Hwy. 77 Kingsville, TX 78363

For more information, call 361-592-8516



Vendor Information

DATE: Friday, November 22nd & Saturday December 7th, **rain or shine**.

SET-UP: Booths must be completely set up, ready for sales starting at an hour before event.

SALES:

- 5:00 pm 9:00 pm, Friday, November 22
- 2:00 pm 6:00 pm, Saturday, Dec. 7

TEAR DOWN: NO EARLY TEAR DOWN ALLOWED.

LOCATION: Historical Downtown Kingsville

INFORMATION BOOTH: 1904 Downtown Train Depot (Kleberg & Alarcon Street) On day of event.

BOOTH SIZES AND FEES: 10' x 10' indoors, \$50/space per day.

ELECTRICAL: All vendors will need to bring their own electrical cords required for their booth.

Sorry, no unloading assistance will be available. Vendors must provide their own tables, chairs, etc. Spaces assigned on first-come, first-served basis, by application date. Spaces will be assigned to try to avoid having similar products side by side.

All vendors accepted are required to have a stamp of some type that they can use to mark the participant's passports.

This is a rain-or-shine event and there will be no refunds for bad weather.

The Kingsville Wine Walk reserves all rights to rearrange booths as needed to allow for accessibility to all vendors and spectators. **ONLY** The Kingsville Wine Walk Committee may make changes to the location of booths.

VENDOR APPLICATION DEADLINE: November 10th or until full

APPLICATION: The application may be printed, filled-out and mailed to: Kingsville Visitors Center, c/o Kingsville Wine Walk, 1501 N. Hwy 77, Kingsville, TX 78363. No food items on-premises for consumption may be sold from any booths unless it is a food vendor. The Vendors selected will receive confirmation immediately.

All Vendors are required to collect and remit state and local sales tax.

UNLOADING/LOADING: After unloading, vendors will be directed to nearby off-site parking.



Please type or print clearly. Application must be accompanied by full payment

Name					
Name of business, if any					
Address					
City	_State	Zip	Phone		
E-mail		_			
Web site					
What will you sell? Art/Handcrafted items	Retail items		Food Vendor	(NO WATER/SODAS)	
	Cards/Pag (Anyone	oer seekin	Pottery Spa/ g to promote services	Beauty Holiday Photographs	
Number of Booths Requested @ \$50).00 per 10'x10	' bootl	n space per day		
Make checks payable to the City of Kingsville a	Kingsvi 15	ille Vis 01 N. I	d application & full pa i tors Center Hwy. 77 exas 78363	yment to:	
Kingsville Wine Walk reserves the exclusive right f merchandise, product or activity from the show which w will not be responsible for any vendor costs incurred if a <u>SELLING SOFT DRINKS & WATER ONLYI</u> Vendor is aware that if confirmed, there will be no refur Booths will be assigned at the discretion of the Kingsvil Sponsoring organizations shall not be liable to vendor f neglect by any other vendor, volunteer, visitor or emplo I/We have read and agree to the rules of participation f	ve, in our sole dis such an event oc nd. ALL VENDO lle Wine Walk cor for any damage, l byee at any time,	cretion curs an RS ARI mmittee oss, or whethe	deem detrimental to or ir d no refund will be given. E ALSO ASKED TO GE injury arising from any co r during, prior to or after i	ACONSISTENT with the quality of the event. Orga FESTIVAL ASSIGNED VENDORS WILL BE T A STAMP FOR THE PASSPORTS. A STAMP for the event, or any act, omis	anizer
Vendor Signature	-		Date	9	
Texas Sales and Use Tax Permit #					



Historic Downtown Kingsville

INDEMNITY AGREEMENT, COVENANT NOT TO SUE and LIABILITY RELEASE INDIVIDUAL RELEASE FOR ADULT

As a participant in **KINGSVILLE WINE WALK - Downtown Kingsville**, I acknowledge the risks, and assume personal responsibility for my actions. I hereby release, covenant not to sue and agree to indemnify and hold harmless the **CITY OF KINGSVILLE**, **KINGSVILLE MAINSTREET, AND WEAVERS OF LOVE** its agents, employees, officers, and successors from any claim or liability, which I, my heirs, executors, administrators or assigns may have or claim to have arising out of any bodily injury, death, or property damage I might sustain relating to activities while participating in **KINGSVILLE WINE WALK - Downtown Kingsville**. I understand that if I am a food vendor, there are potential risks involved in cooking and/or serving my food item which include, but are not limited to, burns, cuts, slipping, falling or lifting heavy items that are actually heavier than they appear. I have read this Indemnity Agreement, Covenant Not to Sue and Liability Release and I understand all its terms. I sign it voluntarily and with full knowledge of its legal consequences.

Name of organization work site

Participant's Signature & Complete Address

Date

Printed Name and Telephone Number

INDIVIDUAL RELEASE FOR MINOR

In return for allowing my minor child to participate in **KINGSVILLE WINE WALK - Downtown Kingsville**, I acknowledge the risks, and assume responsibility for the actions of my minor child. I hereby release, covenant not to sue and agree to indemnify and hold harmless the **CITY OF KINGSVILLE**, its agents, employees, officers and successors from any claim or liability, which I, my heirs, executors, administrators, or assigns may have or claim to have arising out of any bodily injury, death or property damage that our volunteer might sustain relating to activities while participating in this program. We have read the Indemnity Agreement, Covenant Not to Sue and Liability Release and understand all its terms. I sign it voluntarily and with full knowledge of its legal consequences.

Name of organization work site

Parent/Legal Guardian's Signature & Complete Address

Date

Printed Name of Minor and Telephone Number