

**Hoover's Hometown Days Vendor Application**  
**August 5, 2017**  
**City of West Branch Iowa**  
**PO Box 218**  
**West Branch, IA 52358**

**Applicant Information**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Please give exact dimensions of the area required for you space.  
 Areas are 10x10 unless otherwise requested

Do you plan to sell items? Yes \_\_\_\_\_ No \_\_\_\_\_

**Iowa Permanent or Temporary Food License Must complete**

Permanent or temporary Iowa Food licenses number # \_\_\_\_\_

Is your organization Sales Tax exempt? Yes \_\_\_\_\_ No \_\_\_\_\_

**Entry Fee**

Please list electrical requirements. For example 120v, 20-25 amp service.

West Branch Resident Non Profit Vendor Fee- \$10.00

West Branch Commercial Business fee- \$ 25.00

Non West Branch Non Profit Vendor Fee - \$25.00

Non West Branch County Commercial Vendor Fee- \$50.00

Cash and checks will be accepted. All returned checks are subject to a \$30.00 return check fee.

I would like to be considered for the Historic Site. There is no fee for vendors approved to be in Herbert Hoover National Park, however sites are extremely limited and will not be provided with electricity. Vendors not approved for the Historic Site will be offered a location on Main Street for a fee as indicated in the fee structure above. Yes \_\_\_\_\_ No \_\_\_\_\_

**Agreement**

General Release and Acceptance of Rules- The City of West Branch does not carry insurance to cover theft, loss, or damage to your exhibit or personal property, or against personal injury to you or your helpers. **You are required to obtain your own insurance and provide a sale tax license number.** The undersigned agrees to and releases all parties named above from any damages to personal property of personal injury which he/she, or helpers may sustain while participating in the festival. You agree to the use of images of you and your exhibit by all parties named above for promotional purposes in print and on their websites. I have understood the requirements for the participation in the festival. I agree to abide by the rules and policies.

Applicant Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

**Please complete and return by June 1<sup>st</sup>, 2017 deadline to: West Branch City Office, PO Box 218, West Branch, IA 52358.**

**For more information please contact West Branch City Office at 319-643-5888 or Melissa Russell at 319-930-0393.**