



**RETAIL VENDOR APPLICATION
LAMOILLE COUNTY FIELD DAYS
July 18, 19, 20 2025**

COMPANY _____

CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

E-MAIL _____ WEB SITE _____

TYPE OF PRODUCT(S) SOLD _____

DIMENSION OF SALE AREA INCLUDING HITCHES, ETC (**State requires an amount; "Same as Last Year" is not acceptable**)

LOCATION (OUTSIDE) _____ LOCAION (INSIDE HARLOW HALL) _____

FRONT FOOTAGE OF _____ AND SIDE(S) FOOTAGE OF _____

110 VOLT POWER: Yes _____ No _____ 220 VOLT POWER: Yes _____ No _____
MUST HAVE A 100 FOOT POWERD CORD

ADDITIONAL DEPTH OVER 15' NEEDED _____

Retail Vendor Fees: \$25.00 per Linear Foot. Depths over 15 feet will be charged an additional \$25 per Linear Foot. Fees are due with the application.

The concessionaire, by signing this contract, agrees to the following conditions and payment schedule.

- 1) Will provide LCFD a certificate of liability insurance in the amount not less than \$1,000,000 naming Lamoille County Field Days, Inc. as an additional insured for the period July 18, 2025 through July 20, 2025.**
- 2) LCFD will issue daily passes to enter the grounds and operate the contracted space upon arrival.
- 3) Booths must be set on Thursday July 17, 2025 and balance of fee is due at that time. No setting up on Friday. Booths must be ready to go by 8:30am on Friday July 18, 2025.
- 4) Booths (outside) must be manned continuously and not torn down until 4PM on July 20, 2025**
- 5) Harlow Hall (inside) booth must be manned continuously on Friday and Saturday 9:00 a.m. through 8:00 p.m. and Sunday 9:00 a.m. through 4:00 p.m.**
- 6) All vehicles must be in designated parking lots by 8:00 a.m. daily and may not be operated inside the fence during fair hours.
- 7) All exhibits must be removed from the grounds by Monday, July 21, 2025

Hold Harmless/Indemnification: Concessionaire shall be solely responsible for any and all injuries to persons or damages of property or any other injury, claim, damage or loss of whatever nature, arising directly or indirectly from the Fair. Concessionaire shall **INDEMNIGY, SAVE AND HOLD HARMLESS** Lamoille County Field Days and its employees, agents and volunteers from and against all liability, loss damages, claims, costs and expenses (including attorney fees) arising out of injury to person or damages to property or any other injure, claim, damage, loss, cost or expense arising from the Fair.

Applicants Signature _____ Date _____

APPLICATION AND FEE AND CERTIVATE OF INSURANCE MUST BE RECEIVED BY MAY 31, 2025
LAMOILLE COUNTY FIELD DAYS, INC.
PO BOX 357
HYDE PARK, VT 05655
Phone: 802-635-7113 E-Mail: lcfielddays@gmail.com
www.lamoillefielddays.com

FOR OFFICE USE:

Date Received: _____ Fee Due: _____

Deposit Received: _____ Check Number: _____ Balance Due: _____

Insurance Received:
