APPLICATION DEADLINE IS MONDAY, NOVEMBER 11, 2019

FARMERS MARKET APPLICATION

Please Print

28th Annual
December 7~10 am - 6 pm
December 8~10 am—5 pm

Contact Name _____

Business Name _____

Business Address _____

Daytime Phone _____ Cell Phone _____

Email _____ CA Seller's Permit _____

PLEASE CHECK ONE: _____Producer _____Reseller

Please circle the category that best represents the items you will be selling.

RAW AGRICULTURAL FARM PRODUCTS

VALUE-ADDED PRODUCTS

FRESH SEAFOOD, MEAT & DAIRY PRODUCTS

By signing this application, I hereby acknowledge I have read, understand and agree to abide by all the 2019 *Indio International Tamale Festival*® Vendor Rules and Regulations, including the Fire Department and State Boards of Equalization requirements. I certify that all information contained in this application is true and correct. I agree that I, and anyone representing myself, my associates, my assistants and any other individual related to my presence at the *Indio International Tamale Festival* shall indemnify and hold harmless the *Indio International Tamale Festival, the City of Indio, KevaWorks, LLC*, and all related persons and entities including owners, directors, management personnel, employees, contractors, volunteers, agents, representatives, and attorneys from and against any and all claims, demands, actions, liabilities, damages, losses, costs and expenses (including attorney fees, court costs, and other professional fees), or judgements arising out of, or in connection with, any claim, demand or actions made by any third party, if such are sustained as a direct or indirect consequences of participation in the 2019 *Indio International Tamale Festival*® . I release the Indio International Tamale Festival and all its representatives of all liability and responsibility for damages including, but not limited to, loss suffered before, during or after the event, or as a result of the display of my work equipment and materials. I understand that there are no refunds or rain checks due to inclement weather.

10 x 15 Space Fee $50.00 ____
20 x 15 Space Fee $80.00 ____

Make Checks payable and mail to KevaWorks, LLC
75108 Gerald Ford Drive, Suite 3 Palm Desert, CA 92211

Credit Card Payment

Cardholder Name _____ Cardholder Zip code _____

Card Number _____ Expiration Date _____ VCode _____

Contact Lyn Hartley ~ (760) 832-8620 x 1 ~ lhartley@kevaworks.com ~ www.tamalefestival.net