



2012 SPRING ALIVE LOCUST

December 31, 2012

On behalf of the City of Locust and Locust Parks and Recreation Department, we would like to invite you to take part in our **3rd Annual Spring Alive Locust Festival** to be held on Saturday, May 5, 2012. The festival will be held this year in our beautiful Town Center. The address is 161 Ray Kennedy Drive.

Many activities have been planned including Great food, Games, Kid attractions, live entertainment and more. We are also very excited to announce that Jim Quick and Coastline will be headlining our entertainment schedule for the day. All the things going on will insure that foot traffic will be very heavy in the Town Center throughout the day. The event will also be heavily advertised through both regional and local media outlets. I have attached our city's website for more info on our city. (www.locustnc.com)

Booths may be set up Friday May 4th, 4:00-7:00 pm and from 5:00 am to 9:00 am Saturday May 5. You will be given your booth location upon arrival. There will be someone to take you to your booth space. **All food vendors make sure you have contacted Jodie Underwood at The Stanly County Health Department prior to April 20, 2012.**

Please plan to join us for an enjoyable and profitable weekend. Booth spaces will be filled according to specific categories. If you have any questions, please contact the Locust Parks and Recreation, P.O. Box 190, Locust, NC 28097, email parks@locustnc.com, or by telephone at 704-888-5260 ext. 106.

Sincerely,

Tate Osborne
Parks and Recreation Director
(Festival Coordinator)



SPRING ALIVE LOCUST 2012

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-Mail Address: _____

Booth Size: _____ Table (Circle): Yes or No

Approximate Size: (All Booths will be outside)

A. Single 10 X 12

Cost: \$60

B. Double 10X 24

Cost: \$100

Number of Tables: _____ (\$10.00) Limit number available

There will be no Electricity provided. You must provide your own electricity

Total Amount: _____

ALL PROCEEDS FOR THE EVENT WILL GO TO THE LOCUST PARKS AND RECREATION DEPARTMENT.

Accommodations: Sleep Inn- Located in Albemarle, NC on Hwy 24/27

Phone Number: (704) 983-2770

**Information and Rules
2012 Spring Alive Locust
Locust Town Center
161 Ray Kennedy Drive
Locust, NC**

Show Time: Saturday, May 5, 2012 9:30am– 6:00pm

Set-up Time: Arts/ Crafts Vendors and
Food Vendors May 4, 4:00pm-7:00pm
May 5, 5:00am-9:00 am

*Booths can be taken down on Saturday, from 6:15 p.m.-7:15 p.m.
Please let us know if you need additional take down time before the start of the show*

Displays: Please confine your display to the area assigned to you. Approximate size of Single Booths is 10 X 12; Double Booth is 10 X 24 (This doesn't include food vendors- We can also accommodate other sizes upon request.)

Sales: The department reserves the right to limit the type and amount of commercialized items.

Sharing of Booths: Sharing of booth will be permitted only if approved before start of show.

Tax & License: The collection and payment of permits, licenses, taxes, etc... -- shall not be the responsibility of Locust Parks and Recreation Department

❖ General: THE SPRING ALIVE LOCUST FESTIVAL COMMITTEE RESERVES THE RIGHT TO ACCEPT OR REJECT ANY APPLICATION. The Locust Parks and Recreation Department reserves the right to refund booth fee or cause any exhibit to be removed for violation of the above, or any other reason at our discretion.

Liability: The exhibitor agrees to comply with all conditions, rules and regulations of the Locust Town Center. The exhibitor assumes complete responsibility and liability for all loss, damage, or destruction of his/her property. The Locust Parks and Recreation Department and the City of Locust or employees thereof will not be liable for any loss, damage or destruction of exhibitor's property for thefts, fire or accident, or any other cause.

Type of Arts or Craft

(Please provide a COMPLETE list of items to be sold, items not listed here cannot be displayed the day of show.)

A picture of is highly recommended

Names for name tags: 1. _____

2. _____

ALL CHECKS SHOULD BE MADE PAYABLE TO LOCUST PARKS AND RECREATION DEPARTMENT, P.O. BOX 190, Locust, NC 28097

The Locust Parks and Recreation Department will not be responsible for accident or loss during the show. This agreed to by the exhibitor signing this application.

Signed: _____ Date: _____

“ALL FOOD PRICES MUST BE DISPLAYED”

Name of Business: _____

Contact Person: _____

Address:

Phone: _____ Business Phone: _____

E-Mail Address: _____

Have you vended in Locust? _____ If yes, when? _____

Description of Concessions: _____

BOOTH FEE: \$85.00 (Remember you have to supply your own electricity)

Tables: \$10.00 per table How many? _____

Total Amount Submitted: \$ _____

All food vendors must provide comprehensive bodily injury liability insurances policy, naming the City of Locust as additionally insured, with minimum limits of \$1,000,000.00 per occurrence single limit. This shall include personal injury and contractual liability endorsement. Current, valid insurance policies meeting the requirements herein identified shall be maintained during the duration of the named agreement. There shall be a 30-day notification to the City of Locust. Wording on the certificate, which state that, no liability shall be imposed upon the company for failure to provide such, in not acceptable. All food vendors must also make arrangements with the Stanly County Health Department for inspection prior to opening.

“ALL FOOD PRICES MUST BE DISPLAYED”

NON-PROFIT APPLICATION

Name of Business: _____

Contact Person: _____

Address:

Phone: _____ Business Phone: _____

E-Mail Address: _____

Description of Concessions: _____

BOOTH FEE: \$40.00 (Remember you have to supply your own electricity)

Tables: \$10.00 per table How many? _____

Total Amount Submitted: \$ _____

HOLD HARMLESS AGREEMENT

All non-profit food vendors agrees to defend, indemnify, and hold harmless the City of Locust from all loss, liability, claims, or expenses (including reasonable attorney's fee) arising from bodily injury, including death or property damage to any person or persons caused in whole or in part by the negligence of willful misconduct of the Vendor except to the extent some are caused by the negligence or misconduct of the City.

Responsible Party's
Signature _____ Date _____

Please return to the attention: Spring Alive Locust Festival., P.O. Box 190, Locust, NC 28097,
Attn Non-Profit Vendor Application