



PO Box 80; Bayfield, CO 81122 970-884-9544
1199 Bayfield Parkway events@bayfieldgov.org

Block Party Vendor Application (Fee=\$0)

The applicant is required to agree by initials to the terms as set below.

- I understand that vendors should arrive and set up between 4:00 and 5:00p
- Event Staff will assign your booth space
- All vehicles associated with my booth will be parked off-site after set-up
- I will setup within the 12x12' space provided unless I have requested additional space
- My booth will remain setup and open the duration of the Block Party estimated from 5:30-8:30p
- I will tear down my booth after 8:30p and remove everything off the street no later than 9:30p
- My booth will not include garage sale items
- I have a Bayfield Business License # _____
- I will comply with Colorado, La Plata County and Town of Bayfield sales tax collection [Form DR 0589](#)

Business Name: _____ Website if Applicable: _____

Mailing Address, City State and ZIP: _____ Telephone: _____

Authorized Contact Name: _____ Email: _____

On Site Contact Name: _____ On Site Contact Cell number: _____

Vendor Type: Food Merchandise Informational Political Service Other

Provide a brief description of your booth: _____

Mark the Block Party or Parties you intend to have a booth. Band scheduled

- | | |
|------------------------------------------|-------------------|
| <input type="checkbox"/> June 16, 2022 | Midnight Backhand |
| <input type="checkbox"/> July 21, 2022 | Wild Country |
| <input type="checkbox"/> August 18, 2022 | Rob Webster |

In the event I am a food vendor (for profit or non-profit) I have the necessary food license credentials including any required Public Health Order certification as required by San Juan Basin Public Health.

My signature verifies that all information provided is correct to the best of my knowledge in addition to the Waiver and Indemnity Agreement: I hereby release, indemnify, and hold harmless the Town of Bayfield, or any of its employees or volunteers for any less, damage, or injury resulting from my participation in the Bayfield Block Party Events.

Authorized Contact Signature: _____ Date: _____

For office use only. Payment Receipt Date _____ Approved Application by _____