



**Cooperstown Chamber of Commerce**  
**Main Street Cooptoberfest**  
**Saturday, October 6, 2018**  
**Main Street Cooperstown**



**VENDOR AGREEMENT**

We the undersigned company ("Participant"), having read and agreed to the terms and conditions of participation, *including those set forth on the back of this Agreement*, wish to reserve and contract with the Cooperstown Chamber of Commerce for participation at "Main Street Cooptoberfest" (the entire event hereinafter referred to as the "Event").

\_\_\_\_\_  
**NAME, COMPANY OR ORGANIZATION NAME**

\_\_\_\_\_  
**EXHIBIT NAME (IF DIFFERENT)**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**TELEPHONE #**

\_\_\_\_\_  
**DAY OF EVENT CELL #**

\_\_\_\_\_  
**CITY, STATE**

\_\_\_\_\_  
**ZIP CODE**

\_\_\_\_\_  
**EMAIL ADDRESS**

\_\_\_\_\_  
**SIGNATURE OF PARTICIPANT**

\_\_\_\_\_  
**WEBSITE ADDRESS**

**NUMBER OF SPACES #:** \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

I would like # \_\_\_\_\_ 8ft tables provided for me (\$10 per table rental)

**Participation Information:** *(Please select one of the following)*

- Arts & Crafts Vendor Participation in MAIN STREET COOPTOBERFEST: \$75**
- Food Vendor Participation in MAIN STREET COOPTOBERFEST: \$100**
- Non-Profit Participation in MAIN STREET COOPTOBERFEST: \$50**
  - IMPORTANT DETAILS:** *Setup between 7am and 9:30am Saturday, October 7th. Space assigned by event organizer. One 8' table provided if requested, you must bring a tent and anything else needed to operate your booth. Additional tables may be provided for an additional fee upon request. NO POWER IS AVAILABLE. Food vendors must have a current or one-day Otsego County or NYS Department of Health Certificate. All vendors must submit a permit application to the Village of Cooperstown.*

**TO VALIDATE THIS RESERVATION:**

1. All participant space reservations require **PAYMENT-IN-ADVANCE AND payment with this signed agreement.**
2. All participant space assignments will be made solely by **The Cooperstown Chamber of Commerce** **ABSOLUTELY NO SPACE LOCATIONS ARE GUARANTEED.**
3. Products/Services to Be Sampled/Exhibited: \_\_\_\_\_

Participant agrees that there will be no change in product/services as described above, without written permission from the organizers. Payment must be received with agreement. All agreements and contracts are non-cancelable by participant and no refunds of payment will be made.

\_\_\_\_\_  
**PARTICIPANT SIGNATURE / DATE**

\_\_\_\_\_  
**COOPTOBERFEST REPRESENTATIVE / DATE**

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_ ++ \_\_\_\_\_

**FORM of PAYMENT:** CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_

\_\_\_\_\_  
**NAME AS IT APPEARS ON CARD**

\_\_\_\_\_  
**CHARGE#** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_ **3-Digit Security Code** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Checks should be payable to: Cooperstown Chamber of Commerce**  
**Mail payment to:** 31 Chestnut Street, Cooperstown, NY 13326