



2008 Purchase for Resale  
Space Application

[www.broomfieldrecreation.com](http://www.broomfieldrecreation.com)

- Fee must accompany your application.
- Space Size Is 10 X 10 - No Trailers- Additional Spaces Cost More And Must Be Approved
- Applications accepted until Sept. 5, 2009 or until the event is full
- We ask that no items be given away. Giveaways cut into the fundraising efforts of all the booths. Please charge reasonable and competitive prices, obvious undercutting will warrant removal from the event.

BUSINESS NAME \_\_\_\_\_

CONTACT PERSON 1. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE (W) \_\_\_\_\_ (H) \_\_\_\_\_

**Please provide an e-mail address where your organization can be contacted.**  
**E-MAIL** \_\_\_\_\_

CONTACT PERSON 2. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE (W) \_\_\_\_\_ (H) \_\_\_\_\_

**\*All profit making vendors must sponsor a Non-profit organization. Non-Profit information is required prior to being accepted in the festival.**

**NON-PROFIT ORGANIZATION:** \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

**Describe the contents of your booth. Please include a complete list of items to be sold.** \_\_\_\_\_  
\_\_\_\_\_

WILL YOU SET UP ON FRIDAY? \_\_\_\_\_ WHAT TIME? \_\_\_\_\_

ARE YOU USING A TARP OR TENT? \_\_\_\_\_ WHAT SIZE? \_\_\_\_\_

**APPLICATION FEES**

**VENDORS sponsoring a BROOMFIELD Non-Profit Organization**

- |   |   |
|---|---|
| <b>1. Broomfield Business or Individual</b> | <b>2. Non-Broomfield Business or Individual</b> |
| Fee   | Fee   |
| \$75  | \$85  |

**VENDORS sponsoring a NON Broomfield Non Profit Organization**

- 3. Any Business or Individual**  
 Fee  
 \$95

**PAYMENT OPTIONS: Application will not be processed until payment is received.**

1. MC VISA # \_\_\_\_\_ Exp Date \_\_\_\_\_
2. CHECK  
**MAKE CHECKS PAYABLE TO : CITY AND COUNTY OF BROOMFIELD**  
 MAIL TO: BROOMFIELD DAYS  
 DROP OFF AT: BROOMFIELD COMMUNITY CENTER  
 280 Lamar Street  
 Broomfield, Co 80020
3. CASH - Do not send cash through the mail! (Money Orders will be accepted)

**DID YOU REMEMBER TO....**

- **DOWNLOAD AND READ PURCHASE FOR BROOMFIELD DAYS VENDOR INFORMATION**
- **SEND VENDOR APPLICATION AND PAYMENT**
- **DOWNLOAD AND READ SALES TAX INFORMATION**
- **DOWNLOAD ZERO WASTE INFORMATION AND AGREEMENT**

**RELEASE:** As a participant in the Broomfield Days Festival, I fully understand and agree to the following:

I recognize and acknowledge that I assume full risk of any injuries, property damage or loss which I may sustain as a result of my participating in any and all activities connected with or associated with my participation in the Festival. Further, I understand I store my products overnight and during the festival at my own risk.

I agree to waive and relinquish all claims I may have against the City and County of Broomfield, Broomfield Recreation Services, all associated festival sponsors and any agents thereof, as a result of my participation in the Festival and that I share my products and services at my own risk.

**Contractor** expressly agrees to indemnify and hold harmless the City and County of Broomfield or any of its officers, employees, elected official or insurance carriers from any and all claims, damages, liability, or court awards, including costs and attorney's fees, that are or may be awarded as a result of any loss, injury, or damage sustained or claimed to have been sustained by anyone, including but not limited to, any person, firm, partnership, or corporation, in connection with or arising out of any omission or act of commission by Contractor or any of its employees or agents in performing work pursuant to this Agreement or **arising out of, connected with, or in any way associated with the activities of the Festival.**

I agree that all demonstration and exhibits may be photographed for publicity purposes.

I agree to abide by all rules set forth in this application.

I agree to abide by the Zero Waste Agreement. (Please see Zero Waste Agreement)

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Applicant's Name (print)	Applicant's Signature	Date
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OFFICE USE ONLY \$ PAID _____	\$ OWE _____	DATE RCD _____	# OF SPACES _____
SPACE _____	ELEC _____	GEN _____	