



Valley of Flowers Festival Applications
Vendor Application

Friday, Noon – 9:00 p.m. and Saturday, 9:00 a.m. – 6:00 p.m.
James J. Eagan Center at Parker and Waterford

Application Deadline – First Friday in April

Contact Name: _____ E-mail address: _____

Phone (day time): _____ Phone (cell or evening): _____

Address: _____
(Street) (City) (State) (Zip)

Vendor/Company Name: _____

Description of Items to be Sold: _____

Special Needs (i.e. electricity, wall space): _____

By submitting this form, I agree to comply with the following rules. Applicants will:

1. Set up between 8:00 and 11:00 a.m. with their own display unit, chairs, and tables. Tables must be draped. Limit of two (2) tables per space.
2. Keep booth open until closing time and always staff the display space.
3. Clean the display space at the close of the show and remove all trash.
4. Hold harmless Sponsoring Organization and the City of Florissant for any loss or damage to person or property.
5. Provide a Certificate of Liability Insurance designating the Florissant Valley of Flowers Festival as third party to be insured under the applicant/vendor's insurance coverage.
6. Remove items from their space which the Sponsoring Organization may deem to be unacceptable.
7. Will not sell Flea Market items, weapons, live plants or flowers.
8. Remit, by the first Friday in June, a Financial Statement with their gross income, regardless of net profit or net loss, with the amount they calculated for payment. **Failure to submit this statement and payment may result in loss of eligibility for future festivals.**

A \$100.00 non-refundable rental fee (if application is accepted) per space (up to 10 ft. by 10 ft.) must be sent to complete your application. Applications are processed in the order they are received. If spaces are full you may be on a waiting list.

Attached is a layout of the numbered spaces available. You may specify, by number, up to three (3) preferences for your space. **(You are not guaranteed your preference.)**

First Preference _____ Second Preference _____ Third Preference _____

For additional information call 314-837-0033 or e-mail office@florissantvalleyofflowers.com.

Authorized Signature: _____ Date: _____

Mail application and payment to: Valley of Flowers, 601 rue Saint Charles, Florissant, MO 63031

____ Check enclosed payable to Valley of Flowers Festival OR

____ I prefer to use PayPal. Please invoice me at the address above. (NOTE: Service charge applies)

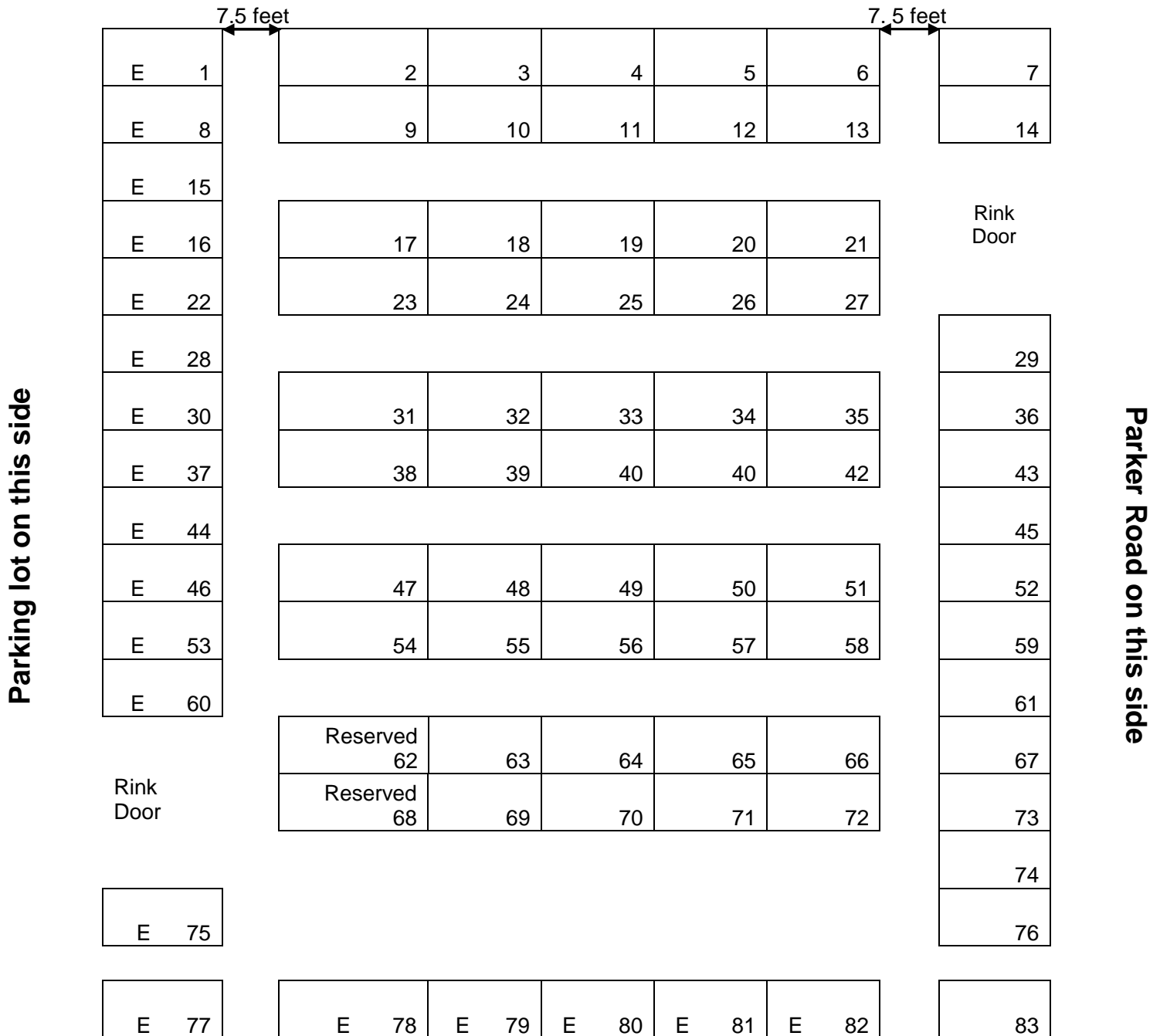
*****FOR OFFICE USE ONLY*****

Accepted by Valley of Flowers Festival _____ Date _____



Booth Layout at Eagan Center Ice Rink

Waterford Drive on this side



"E" indicates spot has electricity
Booths are 10'x10' (approximately)

<-S N-> Spaces 62 and 68 are reserved for the Valley of Flowers Committee. Please document on your application the space you would like, with two alternate spots. Booth spaces will be assigned on a first come basis once monies are received and the application is approved

E



**Valley of Flowers Festival
Financial Statement**

Due by the first Friday in June

This report is for (*please mark one*): Offsite booth Eagan Center food or game booth

Organization Name: _____

Contact Name: _____ E-mail address: _____

Phone (day time): _____ Phone (cell or evening): _____

Address: _____
(Street) (City) (State) (Zip)

Booth/Concession Description: _____

(1) Gross income _____

(2) 5% of gross income _____ = The amount due the Valley of Flowers Festival
(5% of line 1)

Failure to provide all information may disqualify your organization from future festivals!

Mail statement and payment to: Valley of Flowers, 601 rue Saint Charles, Florissant, MO 63031

____ Check enclosed payable to Valley of Flowers Festival OR

____ I prefer to use PayPal. Please invoice me at the address above. (NOTE: Service charge applies)

*******FOR OFFICE USE ONLY*******

Accepted by Valley of Flowers Festival by _____ Date _____