

Please return following 4 items:

- *This Application form
- * **Required Photos** (Returning Vendors may be asked to update photos)
- * Menu/Food List (Food Vendor)
- * Check for FULL amount of requested booth space Carlinville Christmas Market Foundation (CCMF) ~~Refundable if NOT chosen~~

Mail to: Amanda Wiser
 ATTN: CCMF Exhibitor Committee
 618 Anderson St
 Carlinville, IL 62626

Illinois Dept of Revenue sales tax: CCMF is required to report to the IDOR the names and contact information for all vendors. Further details will be provided to those selected to participate.

If **ALL** criteria is met, First Come First Serve

Application fee NOT refundable if YOU cancel.

Cancellation WITHOUT notification will NOT be allowed to return.

Vendors who close down before the end of the event will NOT be allowed to return

Notification of acceptance or denial will come via email from jersey7997@yahoo.com

I do ____/Do not ____ give permission to release my contact information to the local media.

****All vendors **MUST STAY** for the duration of the event in order to be invited back next year.****

GENERAL RELEASE: The undersigned does forever discharge, release and hold harmless the Carlinville Christmas Market Foundation, its agents, representatives and assigns of and from any and all manner of action, suits, damages or claims whatsoever arising from any loss or damage to the person or property of the undersigned while in the possession or under supervision of the Carlinville Christmas Market Foundation and hereby consents to the enforcement of all rules of the Market as sets out in the above information and in the letter of instructions to be mailed to accepted exhibitors.

Applicant's Signature: _____ Date: _____

_____ Staff use only _____

Payment _____ Acceptance/denial email sent _____

Facebook group joined _____