

# STRAWBERRY FEST & APPLE FEST - COLDWATER, MI

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ (We use email to communicate to vendors.)

## FEATURED VENDOR REGISTRATION INFORMATION

### Which Festival are you applying for? (Check One)

- Strawberry Fest | June 15, 2024 | 9:00 AM - 3:00 PM
- Apple Fest | September 21, 2024 | 9:00 AM - 3:00 PM

Registration fees cover one 10' x 10' space.  
How many spaces are you requesting?

Strawberry Fest: \_\_\_\_\_ Apple Fest: \_\_\_\_\_

What payment methods do you accept? Check all that apply.

- Cash  Card  Check  Payment Service Apps (i.e. Venmo/Paypal): \_\_\_\_\_

Please describe the booth and products/services that will be featured. What booth/stand requirements do you have? Be sure to include electrical needs here.

\_\_\_\_\_

Special Requests: \_\_\_\_\_

**Registration fees are non-refundable upon acceptance. Featured vendors must sell Strawberries or Apples. Strawberry or Apple themed products not accepted.**

## RULES & REGULATIONS

Set up time is 6:30 - 9:00 AM. All vehicles must be moved by 8:45 AM. Stakes are not permitted for tents or awnings. Must include a picture of booth(s) with registration form. Vendors are responsible for any and all necessary licensing (if required) for their products offered. The festival is held rain or shine. Vendors may not begin to tear down until 3:00 PM and all booths must be tore down by 5:00 PM. Treat all City event staff and volunteers with respect. The City reserves the right to ask a vendor to remove themselves from the festival and/or not return to a Coldwater festival if these rules and regulations are not followed.

I have read and understand the rules and regulations

Signature: \_\_\_\_\_

## NEXT STEPS

Attach a photo of your booth to this application.  
Mail completed registration form with check or credit card information payable to: City of Coldwater, 1 Grand Street, Coldwater, MI 49036 ATTN: Recreation Department

Card Type (Circle One):  Visa |  Discover |  Mastercard  
 Card Number: \_\_\_\_\_  
 Cardholder First & Last Name: \_\_\_\_\_  
 Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVC 3-Digit on Back: \_\_\_\_\_  
 Cardholder Address: \_\_\_\_\_  
 Cardholder City: \_\_\_\_\_  
 Cardholder State/Providence: \_\_\_\_\_  
 Cardholder Zip: \_\_\_\_\_ Cardholder Country: \_\_\_\_\_

**QUESTIONS?** Contact the Event Coordinator  
Mariah Welke | [mwelke@coldwater.org](mailto:mwelke@coldwater.org)

## INTERNAL PURPOSES ONLY

Date Rec'vd: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Payment Rec'vd (Date): \_\_\_\_\_

Payment Type (Circle One):  Cash |  Card |  Check

Credit Card Confirmed: \_\_\_\_\_

Check Number: \_\_\_\_\_

Payment Amount (\$): \_\_\_\_\_

Paid?  Y  N NOTES: \_\_\_\_\_

Approved?  Y  N \_\_\_\_\_

Photo of Booth?  Y  N \_\_\_\_\_

Emailed: \_\_\_\_\_

