



## Fall Crafters Fair Food Vendor Application 2019

Business Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Electricity Will Be Provided. Please list VOLTS and AMPS Required

\_\_\_\_\_  
\_\_\_\_\_

List All Foods and Drink To Be Sold

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Needs including size & frontage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to hold harmless Michiana Event Center LLC. and any of its directors, officers, employees, agents and representatives from and against any and all liability, loss, damage or injury to my property or myself during the course of the Fall Crafters Fair.

I also agree to pay Michiana Event Center Ten percent (10%) of the revenues made during the Fall Crafters Fair. I will pay this fee at the end of the day on Saturday before I leave.

I agree to stay open until the Fall Crafter Fair is closed in the evening, every day of the event. Failure to do so may result in losing my spot for future events.

Name \_\_\_\_\_ Date \_\_\_\_\_

Send to Fall Crafters Fair, 455 East Farver Street, Shipshewana, IN 46565  
attn: Al Lehman or fax to 260-333-1247, or email to [al.lehman@michianaevents.com](mailto:al.lehman@michianaevents.com)