

Date Called _____

Lot # _____

Month _____

Receipt # _____

VENDOR APPLICATION

Check # _____

T & P Trailhead Park

Phone (903) 628-2581

TRADE DAY

Fax (903) 628-2581

Last Name _____ First _____ Middle _____

Mailing Address - Street _____ City & State _____ zip _____

Telephone - Day # _____ Evening # _____ Fax # _____

Emergency Contact & Phone _____

** EMAIL ADDRESS _____

Business Name _____

Texas Sales Tax # _____

Texas Sales Tax Information is available by calling 1-800-252-5555 Health Permit Information can be obtained by calling 1-903-628-2571 –Jim Phillips
Food vendors must supply the city with a Certificate of Liability Insurance naming city as addtl' insured Must have a Texas Food Handlers Certification

Check all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> Antiques & Collectibles | <input type="checkbox"/> Animals/Pets & Supplies | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Bed, Bath & Kitchen | <input type="checkbox"/> Books, Toys & Sports Items | <input type="checkbox"/> Candles |
| <input type="checkbox"/> Clothing/Accessories | <input type="checkbox"/> Concessions & Refreshments | <input type="checkbox"/> Farmer's Market |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Garage Sale Items | <input type="checkbox"/> Home Decorative Items |
| <input type="checkbox"/> Jewelry/Cleaners | <input type="checkbox"/> Specialty Food Items (packaged) | <input type="checkbox"/> Tools, Automotive & Scooters |

List items: _____

I am requesting the following for the month(s) of _____	I will be set -up _____	Saturday & _____	Sunday _____
<input type="checkbox"/> Open Lot with electricity (10' x 10' -\$15.00)			\$ _____
<input type="checkbox"/> Concession - open lot with water & electricity (10' x 25' - \$50.00)			\$ _____
<input type="checkbox"/> Pavilion lot with electricity (10' x 10'-\$20.00)			\$ _____
<input type="checkbox"/> Garage Sale Alley (10' x 10'-\$10.00)			\$ _____
<input type="checkbox"/> RV Spaces (\$15.00)			\$ _____
(Pricing is the same whether you come one day or both days)			
Total			_____

By Signing this application, I certify that the above information is correct. I acknowledge receipt of the rules and regulations currently in force for New Boston Trade Day and agree to abide by them. I understand that my failure to abide by the rules and regulations may cause cancellation of my participation in New Boston Trade Day without further recourse by me against the City of New Boston, New Boston Trade Day or its employees or directors. I will indemnify, defend and hold harmless the City of New Boston, New Boston Trade Day, directors and its employees from any failure on my part to abide by said rules and regulations. I will further indemnify, defend and hold harmless the City of New Boston, New Boston Trade Day, directors and its employees from any damages incurred by me or any other party through my participation in New Boston Trade Day, and from any injury or damages incurred by me or any other party by reason of goods or services sold by me or on the premises I occupy at said facility. I acknowledge and accept that any payment made by me as referenced above will not be refunded to me for any reason. I agree to keep my booth well stocked and attractively displayed . I will not operate my business without all licenses and permits required, therefore, and bear sole responsibility for any license or permit required for the operation of my business.

Signature _____

Date _____

NOTE: Spaces are assigned on a first come, first served basis. APPLICATIONS MUST BE SIGNED & COMPLETED AND RETURNED WITH FEE BY THE MONDAY BEFORE TRADE DAY. LATE FEE FOR APPLICATIONS SUBMITTED BEGINNING THE MONDAY BEFORE TRADE DAY WILL BE \$5.00 PER SPACE.

www.newbostontradedays.com

www.newbostontx.org

MAIL TO : TRADE DAYS, 100 NORTH CENTER, NEW BOS TON TX 75570. PH/FAX 903-628-2581

email: park@newbostontx.org

