



LOUISVILLE OHIO CHAMBER OF COMMERCE
PO BOX 67, Louisville, OH 44641
330-875-7371
Email: louisvilleohchamber@gmail.com
Website: Louisvilleohchamber.org

PATRIOT FEST, Sept. 10th & 11th, 2022

Located in Metzger Park, Nickel Plate Ave. S, Louisville, OH
Saturday 2 pm – 10 pm
Sunday 11 am – 7 pm

FOOD VENDOR APPLICATION

****Self-contained Food Trucks: Cannot exceed 35 ft. in length****

**** NO PETS OF ANY KIND PERMITTED****

For ALL Vendors selling food that is cooked on site and edible on site. All prepared food vendors MUST HAVE appropriate Health Department Certification. These permits must be displayed in public view during event hours. All prepared food processors/equipment/trailers must comply with the Stark County Health Department & Louisville Fire regulations. Food Vendors are also required to provide at least ONE garbage can (13 or + gallons) and will be responsible for any waste or similar debris left on site.

Set up begins Friday, Sept. 9th at 3 pm. Tear down no earlier than 9 pm Saturday or 5 pm Sunday

****Event is held RAIN or SHINE – NO Refunds will be given****

Non-Chamber Members of Louisville Chamber of Commerce: \$250
Chamber Members of Louisville Chamber of Commerce: \$150

PAYMENT DUE at time of REGISTRATION

For info or to arrange payment or application submission, call Executive Director
Beth Campbell at 330-875-7371 or 330-705-9089
Payments accepted in form of Cash, Check, Credit/Debit Card
Made Payable to: **THE LOUISVILLE AREA CHAMBER OF COMMERCE**
Send to: **PO Box 67, Louisville, OH 44641**



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GENERAL INFORMATION:
Absolutely NO PETS Permitted!!

All Vendors agree to obtain, at their own expense, any licenses, permits and insurances, which are required for the operation of its trade or business. Vendor accepts all risks associated with the use of the vendor space and weather. Vendor agrees to collect and pay all required taxes. All Vendors are responsible for obtaining **general liability insurance**. The Vendor is responsible for insuring its exhibit, personnel, display and materials from any damage or loss through theft, accident or other cause. Vendor further accepts all risks associated with the use of vendor space and weather. No Refunds shall be made for any reason.

The Vendor hereby releases, waives, discharges and covenants not to sue The Louisville Area Chamber of Commerce, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the Vendor or its employees, agents, personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to person or property or resulting in any other injury of the Vendor, its employees, agents, or representatives, whether caused by the negligence of the releasees or otherwise while the Vendor or its employees, clients, agents, or representatives are in, upon, or about the premises performing duties related to this Agreement.

THE VENDOR HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, PROPERTY DAMAGE, OR ANY OTHER INJURY that may be incurred arising from the Vendor's operations at any market premises regardless of whether such harm is due to the sole or partial fault of the releasees. Vendor agrees that they will properly staff their display during event hours by competent personnel over the age of 16 and otherwise legally permitted to conduct such work.

GOVERNING LAW: This Agreement shall be governed by, construed in accordance with, and enforced under the laws of the State of Ohio. Any dispute with respect to this Agreement shall be resolved within the Court of Stark County, Ohio.



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*****VENDOR SPOTS ARE ON A FIRST COME FIRST SERVE BASIS,
SUBJECT TO THE LOUISVILLE CHAMBER OF COMMERCE'S
DISCRETION IN REGARDS TO LOCATION****

Vendor Name/Business Name: _____

Address: _____

Mobile Phone: _____ Email: _____

Vendor Signature: _____ Date: _____

*****By Signing, Participant Agrees to Adhere to the Terms Provided on Page 2*****

Date(s) of Events Attending: _____

Payment Amount Included: _____

Credit/Debit Card #: _____

Expiration Date: _____ CVV# _____

*****Note: Please make a Copy of this form for your records when sending in
payment and to keep WITH YOU the day(s) of the Event*****