

GeorgeFest 2010: The 108th Washington's Birthday Festival
February 26th, 27th & 28th

Service & Product Vendors - (Excluding Food)

All fees and documentation from approved applicants must be received by January 29, 2010. Return application to GeorgeFest 2010, P.O. Box 1210, Eustis, FL 32727. Call (352) 357-3434 for information. Vendor spaces are 10 ft. by 10 ft. Tent tie-downs, trailer hitches, campers, canopies and other parts of the display must be inside this "box." If you need more room, you must purchase additional space. No generators, please. All tents must be securely staked.

Rules & Regulations

- Vendor spaces are assigned on a first paid – first served basis.
- Each exhibitor is responsible for collecting 7% Florida State sales tax and reporting to the Florida Revenue Commission.
- A certificate of insurance (\$1,000,000) naming the Lake Eustis Area Chamber of Commerce and The City of Eustis as additionally insured is required.
- There will be NO REFUNDS made for any reason. This includes, but is not limited to, any cancellations, weather problems, and removal from the event for cause, or act of God.
- No exclusive event spaces are available.
- Failure to abide by Lake Eustis Area Chamber of Commerce and City of Eustis rules and regulations will result in removal from event and vendor fees will be forfeited.
- Vendors must ensure that space is available for attendees to freely walk around their display and that emergency personnel have access to and through the display area.
- Set up Time: Friday 12:00 PM to 5:00 PM. All exhibits must be up by 5:00 PM Friday and must remain in place through Sunday until 5:pm.

Checklist – Service & Product Vendors

1. Complete application form.
2. \$125.00 space fee (includes tax) **
 **Members of the Lake Eustis Chamber of Commerce: \$100.00
3. Sign your application
4. Sales Tax # _____ attach copy - ***If Applicable**
5. Insurance Certificate _____ attach copy

Vendor's Name: _____

What is your service or product: _____

Owner/Manager of Business: _____ Business Phone _____

Address _____

City _____ State _____ Zip _____ FAX number _____

Date: _____ Signature _____