

# 2011 Taste of 4<sup>th</sup> Avenue Jazz Festival Vendor Form



By submitting a completed copy of this form, I am requesting space in the **Taste of 4<sup>th</sup> Avenue Jazz Festival** on Saturday, September 24, 2011 from 2 p.m. until 9 p.m. I agree to pay the cost associated with the footprint requested; payment in full accompanies this contract. I understand that the **Taste of 4<sup>th</sup> Avenue Jazz Festival** is a rain or shine event and no refund will be granted after August 1, 2011. I agree to comply with instructions, rules and regulations governing the **Taste of 4<sup>th</sup> Avenue Jazz Festival**. I subscribe and agree to all of the terms, conditions and authorizations contained in this contract and acknowledge receipt of a copy of the Rules and Regulations for the **Taste of 4<sup>th</sup> Avenue Jazz Festival**. As a Vendor, I agree to hold the City of Birmingham and the **Taste of 4<sup>th</sup> Avenue Jazz Festival** harmless from any and all liabilities arising from the vendor's occupancy on City grounds. The City of Birmingham and the **Taste of 4<sup>th</sup> Avenue Jazz Festival** cannot accept responsibility for damages or injury to persons or property during the **Taste of 4<sup>th</sup> Avenue Jazz Festival**.

Signature of Vendor: \_\_\_\_\_ Date: \_\_\_\_\_

Name (s): \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Secondary Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

AL State Sales Tax I.D. Number: \_\_\_\_\_

Description of vendor products: \_\_\_\_\_

(Include a photo or sample of items for sale or to be distributed)

**Vendor Fees: \$175 for Premium Booth Space and \$150 for General Booth Space**

**Return completed contract and total vendor fee**

**Spaces are available on a first come first serve basis. Vendor space is limited.**

**Please make checks payable to: Taste of 4<sup>th</sup> Avenue Jazz Festival**

**\$35 Returned Check Fee**

**Mail to completed form and payment to P.O. Box 611178, Birmingham, AL 35261:**

**For more information contact, Natalie A. Kemp, 205.542.1135**

**Email: [cycam08@charter.net](mailto:cycam08@charter.net)**

**Website: [www.justataste.org](http://www.justataste.org)**

**Method of Payment: Payment in full is due with registration to secure a booth**

(Please Circle) Cash PayPay Check # \_\_\_\_\_ VISA/Mastercard/Discover

Credit/Debit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Pin: \_\_\_\_\_

Address & Zip Code of Credit Card: \_\_\_\_\_

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