

Backyard Social Spring Market

APPLICANT'S NAME		
BUSINESS NAME		
ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE	_CELL PHONE	
E-MAIL (PLEASE PRINT)		
LIST ALL ITEMS YOU WISH TO SE	LL, WHERE PRODU	JCED AND BY WHO:
DO YOU ACCEPT CREDIT CARDS?	YES	NO
LIST ALL MARKETS YOU PARTICIE	PATE IN:	
	_	
WHO IS THE OWNER OF THE BUS	INESS LISTED ABO	VE?

SUBMIT A PICTURE OF YOUR BOOTH SET-UP. **Send Photo to:** marketing@wolverinerestaurants.com

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	HOW MANY 10X10 SPACES DO YOU WANT TO RENT? *\$50 per space from 11am-2pm
	LICENSING, PERMITS & INSURANCE All spring market vendors will be required to submit the following:
•	Copies of licenses, permits, in which obtaining the proper licenses or permits and obeying all Federal, Local and State Codes is the sole responsibility of the vendor. All vendors must provide a current copy of their Lee County occupational license.
•	Insurance coverage: A Certificate of Insurance naming Backyard Social as additional insured must be submitted. The insurance specified in the Certificate must have limits of \$1,000,000.00 aggregate. The COI must cover the date of the spring market, which is April 21st, 2024.
•	Sign attached Backyard Social waiver form
-	Send completed & signed copy to: marketing@wolverinerestaurants.com

Initial here

I have read and understand all requirements. —



Backyard Social Spring Market

Vendor Hold Harmless Waiver

IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION FOR ENTRY IN BACKYARD SOCIAL'S SPRING MARKET, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES OR DEATH, PERSONAL INJURY OR PROPERTY DAMAGE WHICH I MAY HAVE, OR WHICH MAY HEREAFTER ACCRUE TO ME, AS A RESULT OF MY PARTICIPATION IN THE EVENT. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE, BACKYARD SOCIAL, WOLVERINE MANAGEMENT, AND ANY OTHER AFFILIATED BUSINESSES (AND THEIR RESPECTIVE AGENTS AND EMPLOYEES), FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF, OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID EVENT, EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARLESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED ABOVE. ANYONE WORKING FOR ME THAT HAS NOT SIGNED THIS RELEASE FORM WILL BE COMPLETELY MY RESPONSIBILITY. I CERTIFY THAT I HAVE OBTAINED ALL NECESSARY, LICENSES, PERMITS, AND INSURANCE REQUIRED TO SELL THE PRODUCTS LISTED IN APPLICATION. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS RELEASE AND WILL COMPLY WITH ALL RULESAND POLICIES OF BACKYARD SOCIAL'S SPRING MARKET.

SIGNATURE:	
PRINT NAME:	
BUSINESS NAME:	
DATE	