



2019 MOUNT PLEASANT DAY VENDOR APPLICATION FORM SEPTEMBER 14, 2019

The Village is excited to host the fourth annual Mount Pleasant Day- a one-day festival celebrating all things Mount Pleasant! The purpose of the event is to bring together residents and businesses in a fun filled, family atmosphere. This year's event will be held on Saturday, September 14, 2019 from 11:00 am to dusk at the Mount Pleasant Civic Campus, 8811 Campus Drive, Mount Pleasant, WI 53406. We ask vendors to be available from **11am-4pm**. If you are interested in participating, please complete all items listed below and submit to George Baumgardt, Parks and Recreation Manager, 8811 Campus Drive, Mount Pleasant, WI 53406 or via email – mountpleasantday@mtpleasantwi.gov.

Vendor/Business Name _____

Address _____

APPLICANT CONTACT	
Name _____	Phone _____
Address _____	
Email _____	Fax _____

Participation - Please note that all vendors are to be self-sufficient i.e. tents, tables, or chairs will not be provided by the Village. Electrical power may be provided depending on overall demand. Vendors may set up displays, small tents, equipment/vehicles, product, food/snacks, and other promotional materials or activities.

Description of Proposed Participation _____

Estimated Space Needs: 10' x 10' 10' x 20' 20' x 20' 30' x 20' Other: _____

Will you have a tent on-site as part of your booth/display? **Yes** **No**

Does your display include any special equipment or vehicles? **Yes** **No**

If yes, please list: _____

Will you be serving any food products? **Yes** **No**

If yes, please list: _____

Food is: **Free Sample** **For Purchase**

*Please note that any food preparation on-site requires permitting by the Central Racine County Health Department.

Will you be donating a prize/product for the event raffle? **Yes** **No**

If yes, please list: _____

How many staff/representatives will you have on-site? _____

Do you have any special needs/requests? Please list: _____

INSURANCE - Please attach a certificate of liability insurance for your business or organization (minimum limits of \$1,000,000 per occurrence), also listing Village of Mount Pleasant as additionally insured.

FOR VILLAGE STAFF USE ONLY ▶ **Date Received** _____ **Proof of Insurance Attached**