Mail application to:

Onalaska Market Days
P.O. Box 880
Onalaska, TX 77360

(936) 646-5376 www.cityofonalaska.us

Vendor Application

Name(s) _____ Bus. name (if any) _____

Address _____
Street Address City State ZIP

Phone numbers where you can be reached (c)_____ (h) _____

Emergency Contact and phone #:_____

Drivers License # and State:_____

Email _____

Do you bring a merchandise trailer? Y N

What do you sell? (check all that apply)

___Antiques & Collectibles
___Books, Toys & Sports Items
___Candies
___Home Décor
___Tools/Automotive
___Animal/Pet Supplies
___ Bed, Bath & Kitchen
___Furniture
___Jewelry/Jewelry Cleaners
___Packaged Specialty Foods
___Arts & Crafts
___Farmer's Market
___Clothing/Accessories
___Concession/Refreshments

What is your Texas Sales Tax Permit number?

Please provide copy

Open Lot without Electricity/Water	**($ 20.00 each)**
Concession-Open Lot with water/electricity	**($100.00 each)**
Pavilion Lot with electricity	**($ 60.00 each)**
Pavilion Lot without electricity	**($ 50.00 each)**

Upon signing this application, your signature will attests that you will follow all Onalaska Market Days market policies, all pertinent federal and state laws and local ordinances, and all copyright and trademark rules. I realize that failure to follow the rules set forth but Onalaska Market Days may cause cancellation of my participation without further recourse by me against the City of Onalaska, Onalaska Market Days or its employees/volunteers from any failure on my part to abide by said rules and regulations, I will further indemnify defend and hold harmless the City of Onalaska, Onalaska Market Days and its employees/volunteers from any injury or damages incurred by me or any other party by reason of goods or services sold by me or on the premises I occupy at said facility. I acknowledge and accept that any payment made by me as referenced above will not be refunded to me for any reason. I agree to keep my booth well stocked and attractively displayed and will notify Onalaska Market Days office prior to any changes in product line from the above list. I will not operate my business without all licenses and permits required therefor and I will bear sole responsibility for any license or permit requires for the operation of my business.

Signature: Date:

Space # assigned _____ (see map)