

**Fluvanna County Friends of the Library**

**2019 Vendor Contract**

**Event Date: Saturday, November 9th (9-3 p.m.)  
During Book Sale/Patron Day Event. Rain or Shine.**

**Deadline for signed application and payment is Saturday, October 5th.**

Applicant's Name: \_\_\_\_\_ Business/Organization's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Please describe the items or products you will be selling: \_\_\_\_\_

Manager on Site Day of Event: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

This VENDOR CONTRACT, entered into this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ by and between Fluvanna County, VA, through the Fluvanna County Public Library, and \_\_\_\_\_, do hereby agree to the following rules set by the Fluvanna County Public Library, in operation of said Vendor Stand.

1. Vendor will be given the right and privileges to operate a vendor stand at this location: Library for the Book Sale/Patron Day event on this date: November 9th, 2019.
2. Vendor agrees to pay the Friends of the Library for the vendor spot: \$25 fee per vendor spot – no prepared foods/no electricity available – for a designated 10 foot wide outdoor space on the grounds. Rain or Shine. Fees are non-refundable once application is approved. First come, first serve.
3. Vendor must bring their own tent, tables, and chairs.

**Please send completed Vendor Contract and check to:**

**ATTN: Book Sale Coordinator  
Fluvanna County Public Library  
214 Commons Blvd.  
Palmyra, VA 22963**

**For questions: Please contact the Fluvanna Library at (434) 589-1400 or  
via email at [fluvannalibrary@gmail.com](mailto:fluvannalibrary@gmail.com) – ask for Cyndi.**

**Waiver of Liability**

I hereby agree to all terms and conditions as specified or, this application and understand that completion of this application does not constitute approval of the specified request(s) and that my request may be denied, and therefore I must contact the Book Sale Coordinator to verify the approval of my request. I also agree to pay all costs associated with any damage to any facilities, equipment, or other property (real or personal) owned by Fluvanna County Library as well as agreeing to indemnify, defend, and hold harmless the County, their officers, and their employees from any and all claims, liabilities, damages, attorney's fees and/or costs directly related to my use of the facilities.

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

**Office Use Only**

Vendor Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Check #: \_\_\_\_\_