



WellsFest

2019 Bailey Ave
Jackson, MS 39213
Phone 601-353-0658
wellsfest@wellschurch.org
Fax 601-353-8685

2017 Beneficiary: Methodist Children's Homes*

WellsFest and Vendor Agreement

This agreement exists between WellsFest (c/o Administrative Board, 2019 Bailey Ave., Jackson, MS 39213) and Vendor for the last Saturday in September, for the hours between 7 a.m. until 5 p.m. or any part of that day or those hours in accordance with standard festival hours of 9 a.m. until 4:30 p.m. This agreement also serves as documentation that the vendor understands and agrees to the stipulations found below:

I/We, the vendor/vendors, agree to:

- ✓ Pay WellsFest in advance the sum of fifty dollars (\$50.00) for the vending of wares during the day of the festival.
- ✓ Set up and dismantle any and all items related to vendor space (tent, table, chair, wares, etc).
- ✓ Move my vehicle/vehicles from the vendor area by 8:30 a.m.
- ✓ Abstain from the sale or distribution, in any fashion, of any alcoholic or drug merchandise or paraphernalia, exploding merchandise, knives, whips, or any item that may render harm or injury.
- ✓ Abide by the alcohol-free and drug-free emphasis of the festival by not consuming/distributing same on the grounds.
- ✓ Locate my/our vending space in the area assigned by the recognized leadership of WellsFest.
- ✓ Recognize that allocation of 12'x12' spaces will be on a first-come first-served basis upon receipt of payment to WellsFest. A Site Map may be viewed on-line at www.wellsfest.com.
- ✓ Accept any liability directly related to merchandise offered by me/us at WellsFest.
- ✓ Refrain from playing music or musical instruments in the vendor section.
- ✓ Adhere to the stipulations of the agreement with the understanding that violations could result in being asked to leave the assigned site without a refund.
- ✓ Be responsible for any tax obligations on sales by the vendor.
- ✓ Understand that no ready-to-eat food vendors are allowed/accepted. Prepackaged items not designed to be consumed on site (such as jams, syrup, dry spiced tea mixes) are allowed.

Vendor's Name (please print) _____
 Vendor's Business Name (please print) _____
 Street Address _____
 City _____ State _____ Zip _____
 E-mail _____ Phone 1 _____ Phone 2 _____
 Signature _____ Date _____

If you select your spot from the map in advance of the festival, please indicate three options here in order of preference (first come, first served): _____

Please make check payable to WellsFest and mail to: WellsFest
2019 Bailey Ave
Jackson, MS 39213

*The beneficiary receives all proceeds (100% net) from this event. WellsFest does not financially profit in in any way.
Thank you!