| Date Received:   | _ Cash   | or Check #   | \$                                       | Initials   | #                              |
|--|--|--|--|--|--------------------------------|
|  |  |  |  |  |                                |
| APPLICATION FORM<br>45th Annual Lawn Sale<br>Saturday, May 18, 2019  |  |  |  | RETURN THIS FORM WITH Y  |                                |
|  |  | TO: FRIENDS OF THE KINGSVILLE  |  |  |                                |
|  |  |  |  | PUBLIC LIBRARY<br>If your application is not accepted, check wi                            |                                |
| 9am-4pm  |  |  |  | be returned  | ea, check will                 |
| Please reserve:  | _ number o   | f spaces at \$25 don   | ation p                                  | er space/AFTER May 4 <sup>th</sup> \$3   | 5 per space                    |
|  | _ number o   | f <u>ELECTRICAL</u> spaces   | s at \$50                                | donation per space*/AFTER M  | · · · · · ·                    |
| ч  |  |  |  |  | space                          |
| *Only Six electrical spaces (20<br>100 foot heavy-duty power cord s<br>your booth. Guidelines: *Roa<br>*Microwave (12.5amps) example<br>coffee maker should be fine. Reg | suitable for ou<br>ster (12 amp<br>(2) Roasters  | utdoor use. <b>The library</b><br>s) *40 cup coffee n<br>s at one booth will ove | <b>/ is NOT</b><br>naker (9<br>erload th | responsible if you overload t<br>amps) *55 cup coffee make<br>breaker = 24 amps. (1) roast | he breaker at<br>r (12.5 amps) |
|  | W  | ater is NOT available  | at any s                                 | ite  |                                |
| Person responsible for the boo   | oth on the da  | ay of the sale will be:  |  |  |                                |
| ORGANIZATION/BUSINESS NA   | ME (if applic  | able)  |  |  |                                |
| IAME PHONE   |  |  |  |  |                                |
| STREET/P.O. BOX:   |  |  |  |  |                                |
|  |  |  |  |  |                                |
| CITY, STATE ZIP:   |  |  |  |  |                                |
| EMAIL  |  |  | Ca                                       | n we email an application next   | year? Y N                      |
| NUMBER OF WORKERS:   | <b>(</b> Maxin   | num of 6 vendor namet  | ags/pass                                 | ses <i>per space rented</i> will be prov   | ided)                          |
| WHAT ARE YOU SELLING AT Y  | OUR BOOTH  | 1?   |  |  |                                |
| SPECIAL NEEDS:   |  |  |  |  |                                |
| FOOD/BAKED GOODS SALES is<br>of the sale. Call Randy Barnes is<br>you plan to apply for a food lice  | for more info  | at (440) 576-6010. Co  | ottage F                                 | ood Industry requires a mobile   | occur the day<br>e license. If |
| I (we) understand by signing below in  | agreement to p   | participate in Kingsville Lib  | orary Lawi                               | n Sale 2019 that:  |                                |
| *I (we) may not drive any vehicle in the park or on the grass outside the fence for loading/unloading or parking.  |  |  |  |  |                                |
|  | nt and no refunds will be made for any reason.   |  |  |  |                                |
| *Spaces will be assigned and specific location requests or handicapped accommodations will be taken into consideration be guaranteed.                                    |  |  |  |  | ion but are not                |
| *The Kingsville Public Library and or associated with the sale.  | of the Library are not responsible for personal injury, loss or damage of any property |  |  |  |                                |
| *The Friends of the Library reserve the removed from the premises immed  | ect and approve any items to be sold on the premises and that unapproved items must    |  |  |  |                                |
| By signing this application, I shall ass<br>all the rules and procedures for the La  |  | nsibility for the items I or a   | any meml                                 | bers of my group, bring and I (we) a   | gree to abide by               |
| Signature  | of person resp   | oonsible for the booth or  | n the day                                | of sale. DO NOT PRINT  |                                |
| Make checks payable and m  | ail applicat   | ion to: Do not send  | I CASH                                   | in the mail!   |                                |

Friends of the Kingsville Public Library

P.O. Box 57

Kingsville, OH 44048-0057