



2024 MuttStrutt Vendor Application

Saturday, February 8th, 2025

VENDOR Set-Up starts at 9:00 A.M.

Event is from 11 A.M.—3 P.M.

VENDOR INFORMATION:

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ Email Addy: _____

DAY OF Event Contact Name & Cell: _____

Release & Acceptance: I assume full responsibility for any bodily injury, death or property damage arising from participating in this event. I do hereby for myself, my heirs, personal representatives, successors, and assigns, fully acquit & release the Edison Festival of Light, Inc., the MuttStrutt and the city of Fort Myers, Florida, including their respective agents, sponsors, employees, officers (hereinafter "Releasees") from any and all claims, suits, demands, negligence, negligent acts or any causes of action resulting from my participation in this event. I further agree to defend, indemnify and hold harmless the aforementioned Releasees from any loss, liability or damage arising out of my participation in this event. Photo and Publicity Release: I agree that the Edison Festival of Light, Inc. has my permission to use my image or likeness from any photographs, drawings or videos taken during my participation in current and/or future publicity for the festival. This release also covers any participation in riding on the parade float at any festival related parades/events. Signing below acknowledges you have read & understand the above. **PROOF OF INSURANCE showing E.F.O.L. as Additional Insured required if you bring any animals.**

Printed Name

Signed Name and Date Signed

For-Profit Vendor Fee: \$50 (\$10 of which goes to the city of Ft. Myers for their temp. tax receipt application fee)

Non-Profit Vendor Fee: Due to other non-profits being "no-shows" at past events, leaving us with open spaces others could have used, there is a \$50 REFUNDABLE deposit to hold your space. Once you show up for the event, your full deposit will be promptly refunded to you! We appreciate your understanding of this.

Credit Card: _____ Exp. Date: _____ CVV: _____

Address associated with card: _____

Authorized Signer for Card: _____

Print name

Signature

Please contact HOLLY 239-246-0442 with any questions

*****Complete, Scan and Email this form back to hollymarth@yahoo.com*****