



West Virginia Italian Heritage Festival

CRAFT APPLICATION AND RULES

1. A CRAFT VENDOR SHALL ONLY SELL ITEMS THAT ARE EITHER HANDMADE, HANDCRAFTED, OR HAND EMBELLISHED. EXAMPLES: HAND-POURED CANDLES, HANDMADE CUTTING BOARDS, HANDCRAFTED JEWELRY (i.e.-CANDLES THAT ARE PURCHASED FOR RESALE ARE NOT FOUND UNDER THIS CLASSIFICATION). IF VENDOR HAS QUESTIONS ABOUT VALIDITY OF PRODUCT, PLEASE CALL THE OFFICE.
2. THE FESTIVAL RESERVES THE RIGHT TO LIMIT THE NUMBER OF EACH TYPE OF PRODUCT SOLD ON FESTIVAL GROUNDS.
3. VENDOR MUST PROVIDE PROOF OF LIABILITY INSURANCE COVERAGE FOR THE PERIOD OF TIME COVERING THE FESTIVAL.

Business Name: _____ Contact Name: _____

Address: _____

Email Address: _____

Phone Number: _____ Items to be sold: _____

10' x 10' Space \$400.00 \$ _____

10' x 20' Space \$500.00 \$ _____

2 Separate 10' x 10' Spaces \$700.00 \$ _____

Will you require a tent canopy rental? YES NO

Tent Canopy Rental \$150 per 10X10 space \$ _____
(if you have a 10X20 space you will need two canopies)

SUBTOTAL: \$ _____

BALANCE DUE: \$ _____

REQUIRED FOR APPROVAL Electrical Hook-Up Requirements: AMPS: _____ VOLTS: _____

*** New vendors are required to submit a picture of the tent or trailer that will be used**

* Certificate of liability insurance must be submitted with application.

* Vendor agrees to provide Italian products for purchase.

* Vendor agrees to decorate their booth with an Italian theme.

* Failure to comply with rules of application will result in negation of contract and loss of funds that have been submitted.

* The West Virginia Italian Heritage Festival assumes no responsibility for theft, damages, negligence of applicant vendor or other vendors, loss of funds due to visitor attendance, and/or acts of God

* Once signed and received by this office, this document becomes a legally binding contract.

* Emailed contracts with digital signature are acceptable as agreement in terms. Please make a copy for your records.

*** Festival Weekend – August 30, 31, & September 1, 2024.**

Vendor Signature _____

Date _____

WVIHF Representative _____

Date _____