



**City of Melrose & Hallmark Health Present
10th Annual Healthy Melrose Family
Wellness & Fitness Fair**

**Vendor Application
10th Anniversary**

Saturday, May 12, 2018 10:00-1:30 PM

Melrose Middle School Athletic Complex (Plan A). Please Note: In the case of inclement weather Plan B will be executed and event will be held inside the Middle School with a 24 hour advance notice.

- Please check if you are a food vendor that will be attending Healthy Melrose and complete the entire application.
- Please check if you are a food vendor that will be sending free samples only and will not be present at Healthy Melrose. Please fill out organization Information section only. Thank you.
- Please check that you have signed the workmans comp form attached.
- Food Vendors only: Please check that you have answered the Melrose Health Department food vendor questionnaire attached. Please Note: ALL permit fees are waived for this event.

Pre registration option (return vendors) must be in by February 15, 2018 to secure a space, after this date first come first serve for new applicants:

- Vendor Fee =\$150.00
- Additional Space + \$125.00

Total Amount Enclosed

Please include your check made payable to the **City of Melrose** and send your application and payment to Jenine Wright at 22 Corey Street Melrose MA (contact: Jenine.wright@gmail.com 781.858.6117).

The Healthy Melrose Family Wellness & Fitness Fair Committee reserves the right to choose all vendors. Vendors must fall within the criteria set by the committee and abide by the criteria and guidelines listed. All vendors will be notified as soon as possible if their application has / has not been accepted.

We will continue to accept applications until March 30, 2018, applications will be accepted after March 30, 2018 on a space availability basis only.

***PLEASE arrive approximately 1 – 1.5 hours prior to allow for set up time and plan on staying the entire event. PLEASE DO NOT PLAN ON BREAKING DOWN UNTIL THE END OF THE EVENT!**

Organization Information

Organization Name: _____

Type of Business: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email address: _____

Address: _____

SERVICE DESCRIPTION Please describe your booth or display – be brief, yet specific. This information will be included in an brochure featuring participating vendors. **PLEASE include what handouts, correspondence or any samples you plan on distributing the day of the event.**

FACILITY NEEDS Vendors will be supplied with one (1) dressed eight-foot (8') table and two (2) chairs and ALL spaces will be provided a canopy. Please check any additional services and the amount you will need: This is your allotted space, if you need additional space you may require 2 spaces and will be charged accordingly, please advise if you do not wish to have a table in your approx 8 ft space. If you will need electric outlets please be advised that NO extension cords will be available and you will need to supply your own, every effort will be made to put you close enough to the outlets as space permits.

_____ Electrical Outlets

_____ Other (Please specify) _____

Will you be providing any samples or free giveaways at your table? _____

Please Describe in detail _____

Will you be selling any products or services? _____

Please Describe _____

Committee use only:

Accepted:

Comments:

Paid:

Notified:

Table #:

Thank you for your participation in such an important event!