

MDA 2019 Vendor Application

Madras Downtown Association

Mission: To create a thriving downtown that serves as the economic, social, and cultural heart of our community

Name of Vendor: _____

Name of Business: _____

Phone #: _____ email: _____

Describe the products you sell/promote: *(we may ask you to submit images of your work via email as well)*

Do you have any special requirements for vending?

Mark the dates are you available to vend in order of preference. Use #s 1-up to 5

May 2nd June 6th July 4th August 1st Sept 5th

Vendor space is not guaranteed each month that you mark yourself available. In order to create markets that best suite downtown Madras and provide our vendors with great selling opportunities, we will select monthly vendors based on space available and variety of products & services. Preference will be given to MDA Members and based on date that application is received. You will be contacted as soon as our selections have been made.

Times, Spaces & Fees:

Downtown Park & Play runs from **5 to 8pm** each month. Vendors may start their set up at 3:30pm and must be ready to sell by 5. The Vendor Coordinator will email your site location & any other information on Monday of the weeks you are vending. Questions? Whitney Stubblefield 541-647-8189.

Each Vendor must provide their own market tent (if desired) and tables.

Spaces are 10x10 and may be in sun or shade. If you need more space, you will need to pay for 2 spots.

Are you a current MDA Member? YES _____ NO _____

(one vending space is free for MDA members each month)

Non-Member fee: _____ \$25 per commercial space per month _____ \$15 per non-profit space

Please submit payment to Madras Downtown Association, 380 SW 5th St PMB #343, Madras OR 97741

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Please initial the following statements:

____ I understand that photography/videos/audios taken by authorized persons may be used by the Madras Downtown Association for promotion and advertising, on our website, social media sites, or other.

____ I understand that if I fail to show up for a selected vending date, I will not be reimbursed any payments made, and I may lose my opportunity to vend future dates.

____ I agree to continue sales from 5 to 8pm. I will not leave early without the vendor coordinators permission.

Signature: _____ date: _____

If you have questions or need more information contact _____

For MDA Board Use:

Vendor Category _____ Membership? _____

Dates selected:

May 2nd
space# _____

June 6th
space# _____

July 4th
space# _____

August 1st
space# _____

September 5th
space# _____

Payments received:

May CA / CC / CH _____

June CA / CC / CH _____

July CA / CC / CH _____

Date:

Date:

Date:

August CA / CC / CH _____

September CA / CC / CH _____

Date:

Date:

Notes: