

**2019 Halloween Block Party**

**Theme:**

Saturday, October 26, 2019

6:00pm – 10:00pm

Location: Downtown Beeville on Washington Street

Organization Name: Tax ID#:

Contact Person: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

City: State: Zip:

Indicate Need and Quantity:

Booth Size/Space: **SINGLE (approx. 10x10)/ Parking Space**

**Check One:**

|  |  |  |
| --- | --- | --- |
|  | Food Vendor/Food Truck (selling foods) | $30 PER SPACE |
|  | Passing Out Free Candy or Treats (only) | $0 PER SPACE |
|  | Games with Candy and/or Prizes | $0 PER SPACE |
|  | Trunk or Treat | $0 PER SPACE |

**Description of Booth- Games or Activities**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date:

Mail to: For information: (361) 52-8202

**Beeville Main Street FAX: (361)358-7355**

**c/o City of Beeville Email:** [**michelle.clarktrevino@beevilletx.org**](mailto:michelle.clarktrevino@beevilletx.org)

**400 N. Washington Street *City of Beeville, Main Street***

**Beeville, TX 78102**

**EVENT HOURS: Set up begins at 4:00 pm. Booths must be setup by 5:30pm.**

**All vehicles must be removed from the event area before 5:30pm.**

Rules:

1. Vendors/ Booths are required to be open during all hours of operation.

2. Main Street provides space only. Table and chairs will not be provided. Electricity can be arranged by request on a limited

basis and within means of the ability of Beeville Main Street.Awning/canopy covering is optional. Booths should be

decorated in Halloween Theme and appropriate for all ages.

3. Booth size will be approximately 10x10 or a parking space. Vendors must be pre-approved through the Beeville Main Street.

4. Vendors must keep their area clean and must dispose all trash in marked containers before they leave. Large boxes and materials must be disposed of by the vendor off site.

5. All food booths must show proof of health/food permit and provide Tax ID#. Health permits must be signed and displayed.

Please call Development Services at Beeville City Hall to obtain Health Permits. 361-358-4641. No duplication of food

services from vendors allowed.

6. Games, activities, prizes and candy will not be sold unless registered as a Food Vendor or Food Truck. This is a free family

event. Each booth is encouraged to have enough candy, treats, or prizes for a minimum of 400 people.

7. In case of rain, severe or hazardous weather or any other act of God, there will be no reimbursement for booth fees and the

event may be cancelled without a reschedule date.

City of Beeville- Main Street Event

INDEMNITY AGREEMENT, COVENANT NOT TO SUE AND LIABILITY RELEASE

In my capacity as a business owner/ vendor for the City of Beeville, Beeville Main Street Event, I acknowledge the risks, and assume personal responsibility for my actions. I hereby release, covenant not to sue and agree to indemnity and hold harmless the City of Beeville, and it’s agents, employees, officers, and successors from any claim or liability, which I my heirs, executors, administrators may have or claim to have arising out of any bodily injury, death, or property damage/loss I might sustain relating to activities while participating in City of Beeville, Beeville Main Street Events. I understand that if I am a food or drink vendor, there are potential risks involved in cooking and/ or serving food or drink items which include, but are not limited to, burns, cuts, slipping, falling, or lifting heavy items that are actually heavier than they appear. I have read this Indemnity Agreement, Covenant Not to Sue and Liability Release, and I understand all its terms. I sign voluntarily and with full knowledge of its legal consequences.

Name of Vendor Business: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant’s Signature Date:

Printed Name Telephone Number