



BENEFITING RONALD MCDONALD HOUSE CHARITIES OF BALTIMORE
PRESENTED BY GEBHART PROPERTIES

Vendor Application

BUSINESS INFORMATION

Business name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____

E-mail _____ Website _____

Business Description _____

Products to be Sold _____

BOOTH RESERVATION

Booth Type: Basic Vendor (\$75) Food Vendor (\$100) Electricity Requested (\$15 per booth)

Amount of Booths Requested _____ Booth Site #(s) Requested _____ Amount Due \$ _____

IMPORTANT INFORMATION REGARDING BOOTHS

When you arrive, go immediately to the Information Booth for check in. Booth size is a 10'x10' raw space. Parking for oversized vehicles is available. Set-up begins at 7:30 a.m. and booths are to be cleared by 5:00 p.m. **Tables and chairs will not be provided, so please remember to bring your own.** Event is rain or shine. Electricity is limited and provided on a first-come, first-served basis. Make checks payable to "Gebhart Properties" (Please enter "Fall Festival" in memo on checks & money orders). **Send application and payment by 10/13/2017 to Gebhart Properties Attn: Lauren Robinson 599 Cranbrook Rd Cockeysville, MD 21030.** Spaces cannot be reserved until payment is received. Food Vendors must attach a copy of a valid permit from the Baltimore County Department of Environmental Protection & Resource Management. 410-887-4065.

HOLD HARMLESS CLAUSE (Sign and Date)

_____ (Name of Vendor), its officers, and members shall, through the signing of this document by an authorized party or agent, indemnify, hold harmless and defend Cranbrook Plaza Enterprises, LLC, Briarcliff Apartments East Limited Partnership, Briarcliff North Limited Partnership, Gebhart Management, Inc, and their agents and employees from all liability, judgments, suits, costs, and actions including attorneys fees and all costs of litigation of every kind and description brought or rendered against Cranbrook Plaza Enterprises, LLC, Briarcliff Apartments East Limited Partnership, Briarcliff North Limited Partnership, Gebhart Management, Inc, as a result of loss, damage, or injury to persons (including death) or property by reason of any act or failure to act by _____ (Name of Vendor), its officers, members, or employees.

Print Name _____ Date _____

Sign Name _____ Date _____

OFFICE USE ONLY

Date Received	Amount \$	Check/MO#
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