



HSP Farmer's Night Market Application Form

Location: **3500 Rocky Ford Road, Newton, NC 28658**

NOTE: Allow ONLY (1) application per customer

DATE: _____ BOOTH#: _____

BUSINESS OR VENDOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMAIL: _____

PLEASE CHECK ONE (1):

***** DRINKS/BEVERAGES: WATER, COKE, GATORADES etc... will be sold by HSP ONLY. (Restricted)**

____ FOOD TRUCK ONLY ____ CLOTHING/JEWELRIES ONLY ____ VIDEO CASSETTES/CD/DVD ONLY

____ TOYS/CRAFTS ____ PHOTOGRAPHY ____ FRUITS ____ FRESH PRODUCE ____ FLOWERS

____ BAKERY/CAKES/COOKIES/DONUTS ____ PURE HONEY

OTHERS (SPECIFY): _____

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NON-FOOD VENDORS: ____ \$20/per day (10X10 ft.) FOOD VENDORS: ____ \$50/ per day (20X20ft.)

PAYMENT PER DAY: ____ PAYMENT PER WEEKEND: ____ PAYMENT PER MONTH: ____

PAYMENT TYPE: ____ CASH: ____ CASHIER CHECK/MONEY ORDER (**NO PERSONAL CHECK**)

TOTAL BALANCE DUE: \$ _____

A Joint Effort from the states of North Carolina, South Carolina, Georgia and Florida



Hmong Southeast Puavpheej, Inc.

Mai Bee Vue Lor, President
PO Box 1529
Hickory, NC 28603
Phone: (828) 434-0778
Email: info@hmongsoutheastpuavpheej.org

NOTES:

- **Vendor Registration Forms and booths are available online through HSP's website:**
www.hmongsoutheastpuavpheej.org
- Non-Food Booths are 10X10 ft.; Food Booths are 20X20ft. You can choose your spot on a first-come, first-served basis.
- Booth Vendor payments are due at the time of reservation and Confirmed by HSP.
- FOOD Vendors (Food Trucks) **MUST** have a Food permit by applying through Catawba County Health Department. Food Permit **MUST** be displayed where it is visible in the Food Truck space (per County Health Guidelines) A walk through inspection by the County Health Department & Fire Safety is required). Vendors are expected to have their own generator(s), tent(s), chairs and tables.
- Make cashier/money order check payable to: **Hmong Southeast Puavpheej, Inc.**
- Mail Registration form and payment to: **P.O. Box 1529, Hickory, NC 28603.**
- In the event of a **cancellation** HSP's marketing coordinators must be notified via email at info@hmongsoutheastpuavpheej.org **at least 14 days prior to the event.**
- Vendors **MUST** notify HSP, Inc. of an address change and/ or phone number.
- HSP Farmer's Night Market Operation hours: **Saturday & Sunday from 5:00 a.m. to 8:00 p.m. (until dark);**
NOTE: There will be NO NIGHT MARKET during "LABOR DAY & HMONG NEW YEAR events.
- Vendors **MUST** close down by **8:00 p.m.** at the end of the event. Booths are **EXPECTED** to be ready for a walk-through-inspection by HSP's Marketing Coordinators by **8:40 p.m.** Everyone is **EXPECTED** to leave HSP's Cultural Park by **9:30 p.m.** (Summer).
- Vendors are expected to clean-up the booth space. **NO TRASH** should be left behind on the grounds and/or in the booth space when you leave at the end of the day. **(NO EXCEPTION).**
- Any questions please contact the Marketing Coordinator: **Zam Thao Lor @ (828) 430-0970 or via email: youngthaolo@gmail.com**; Vice President **Mrs. Jer X. Vang @ (910) 975-1385 or via email: jennyvaj2021@gmail.com**; President **Mrs. MaiBee V. Lor via email: info@hmongsoutheastpuavpheej.org.**

By signing my name below, I have read and agreed to ALL of HSP's Marketing regulations and agreed to comply. HSP has the right to deny my participation as a vendor, if I fail to follow the regulations set by HSP as required.

VENDOR'S SIGNATURE: _____ DATE: _____

BOOTH #: _____

HSP REP. SIGNATURE: _____ DATE: _____

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HSP Farmer’s Night Market

RELEASE AND WAIVER OF LIABILITY for VENDORS

This Release and Waiver of Liability is executed this ____ day of _____, 2022, by _____ (the “Vendor”) in favor of **Hmong Southeast Puavpheej (HSP)** and its directors, officers, employees, volunteers, and agents.

I, the Vendor, hereby freely and voluntarily, without duress, execute this Release under the following terms:

Waiver and Release

I hereby release and forever discharge and hold harmless **Hmong Southeast Puavpheej (HSP)** and its successors and assigns from any and all liability, claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation with the _____ Event and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with **Hmong Southeast Puavpheej (HSP)**.

I understand and acknowledge that this Release discharges **Hmong Southeast Puavpheej (HSP)** from any liability or claim that I may have against **Hmong Southeast Puavpheej (HSP)**, with respect to any bodily or other injury, illness, death, or property damage that may result from my participation. I also understand that **Hmong Southeast Puavpheej (HSP)** does not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage.

I understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, city and/or township. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

Signature of Vendor

Date

Printed Name of Vendor

Printed Name of Business