



Dick Kleberg Park
Saturday, October 5, 2024
9:00 am – 4:00 pm

VENDOR APPLICATION FORMS

Please return the following completed documents:

1. Completed and Signed Registration Form
2. Money Order or Cashier's Check made payable to: **KKB**
3. Signed Indemnity Agreement and Liability Release

To:

Keep Kingsville Beautiful
c/o Kingsville Visitors Center
1501 N. Hwy 77
Kingsville, TX 78363

For more information, call 361-219-2901 or 361-522-1202



Dick Kleberg Park

Vendor Information

NATURE BASED VENDORS SOUGHT

DATE: Saturday, October 5, 2024

SET-UP: Saturday, October 5th, 7:00 am – 8:45 am. Booths must be completely set up, ready for sales, and vehicles moved to designated parking by 9:00 am.

SALES: 9:00 am – 4:00 pm, Saturday, October 5th

TEAR DOWN: 4:00 pm, Saturday, October 5th. Early tear-downs are not allowed.

LOCATION: Dick Kleberg Park

BOOTH SIZES AND FEES: 10' x 10' outdoors, **\$25.00 cost per booth**. Booths may be shared.

ELECTRICAL: All vendors must bring their own generators if electricity is needed. **No electricity is provided.** Vendors must provide all electrical cords that they will need.

Sorry, no unloading assistance will be available. Vendors must provide their own tables, chairs, shade coverings, etc. Spaces will be assigned to try to avoid having similar products side by side.

The Butterfly Blitz Committee reserves all rights to rearrange booths as needed to allow for accessibility to all vendors and spectators. **ONLY** Butterfly Blitz Committee may make changes to the location of booths.

VENDOR APPLICATION DEADLINE: September 24th unless we run out of booth space prior to this date.

APPLICATION: The application may be printed, filled-out and mailed with payment to:

Keep Kingsville Beautiful, c/o Kingsville Visitors Center, 1501 N. Hwy 77, Kingsville, TX 78363.

No food items on-premises for consumption may be sold from any arts / crafts or retail booths. All vendors selected will be tied to **Nature/Butterfly Themed items**. The Vendors selected will receive confirmation.

All Vendors are required to collect and remit state and local sales tax. **Food Vendors** must comply with all city, state & county regulations and acquire require permits as required.

UNLOADING/LOADING: After unloading, vendors will be directed to nearby off-site parking.

OVERNIGHT ACCOMODATIONS: The Kingsville Visitors & Tourism Center has complete lodging information at 361-592-8516 or visit website at www.kingsvilletexas.com or email howdy@cityofkingsville.com



Application

Please type or print clearly. Application must be accompanied by full payment

Name _____

Name of business, if any _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____

Web site _____

What will you sell? Art/Handcrafted items _____ Retail items _____ Food Vendor _____

Check items you will sell: Food _____ Drink _____ Retail items _____ Jewelry _____ Clothing _____
Purses/Accessories _____ Candles _____ Sports _____ Home Décor _____ Garden Décor _____ Plants _____
Cards/Paper _____ Pottery _____ Spa/Beauty _____ Holiday _____ Photographs _____ Flowers/Produce _____
Paintings _____ Service _____ Other _____
(Specify Food, Drink & other category) _____

Number of Booths Requested _____ @ \$25 per booth
(Double-width is available \$50.00 _____)

Total Enclosed \$ _____ by Cashier's Check or Money Order

Make checks payable to the KKB and mail the completed application & full payment to:

**Keep Kingsville Beautiful
c/o Kingsville Visitors Center
1501 N. Hwy 77
Kingsville, Texas 78363**

Butterfly Blitz Committee reserves the exclusive right for approval of all items and the right to cancel a booth exhibit, require alteration and/or removal of any merchandise, product or activity from the show which we, in our sole discretion deem detrimental to or inconsistent with the quality of the event. Butterfly Blitz will not be responsible for any vendor costs incurred if such an event occurs and no refund will be given.

Vendor is aware that if confirmed, there will be no refunds.

Booths will be assigned at the discretion of the Butterfly Blitz.

Sponsoring organizations shall not be liable to vendor for any damage, loss, or injury arising from any condition existent at the event, or any act, omission or neglect by any other vendor, volunteer, visitor or employee at any time, whether during, prior to or after the show.

I/We have read and agree to the rules of participation for the Butterfly Blitz.

Vendor Signature _____ Date _____

Texas Sales and Use Tax Permit # _____



Dick Kleberg Park

**INDEMNITY AGREEMENT, COVENANT NOT TO SUE
and LIABILITY RELEASE INDIVIDUAL RELEASE FOR ADULT**

As a participant in **Butterfly Blitz at Dick Kleberg Park**, I acknowledge the risks, and assume personal responsibility for my actions. I hereby release, covenant not to sue and agree to indemnify and hold harmless the **CITY OF KINGSVILLE, KEEP KINGSVILLE BEAUTIFUL, and DICK KLEBERG PARK** its agents, employees, officers, and successors from any claim or liability, which I, my heirs, executors, administrators or assigns may have or claim to have arising out of any bodily injury, death, or property damage I might sustain relating to activities while participating in **BUTTERFLY BLITZ at Dick Kleberg Park**. I understand that if I am a food vendor, there are potential risks involved in cooking and/or serving my food item 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 it voluntarily and with full knowledge of its legal consequences.

Name of organization work site

Participant's Signature & Complete Address

Date

Printed Name and Telephone Number

INDIVIDUAL RELEASE FOR MINOR

In return for allowing my minor child to participate in **BUTTERFLY BLITZ at Dick Kleberg Park**, I acknowledge the risks, and assume responsibility for the actions of my minor child. I hereby release, covenant not to sue and agree to indemnify and hold harmless the **CITY OF KINGSVILLE**, its agents, employees, officers and successors from any claim or liability, which I, my heirs, executors, administrators, or assigns may have or claim to have arising out of any bodily injury, death or property damage that our volunteer might sustain relating to activities while participating in this program. We have read the Indemnity Agreement, Covenant Not to Sue and Liability Release and understand all its terms. I sign it voluntarily and with full knowledge of its legal consequences.

Name of organization work site

Parent/Legal Guardian's Signature & Complete Address

Date

Printed Name of Minor and Telephone Number