



Saturday, June 10, 2017

Vendor Application

We cordially invite you to join the Wellness Festival to be held in and around the Community Center at 150 Center Street in Lava Hot Springs, ID 83246. We plan to host a variety of quality vendors featuring products/services to enhance mind, body, and/or spirit in a festive atmosphere with interactive presentations throughout the day. Come enjoy the healing waters of Lava Hot Springs.

- **WHEN** - Saturday, June 10, 2017 8:00am-5:00pm
- **BOOTH FEE** - \$30.00 for a 10' x 10' space
- **REGISTRATION DEADLINE** - **May 1, 2017**
- **SET UP TIME** - Saturday, June 10, 2017 6:30-7:30am
ALL vehicles and trailers must be removed from the parking lot by 8am Saturday, June 10
- **SECURITY** - The Wellness Festival Committee, City of Lava Hot Springs, Lava Chamber of Commerce and State of Idaho are not responsible for any loss and/or damage.
- **DISPLAYED PRODUCT/SERVICE** - Must bring awareness to mind/body/spirit and promote wellness

Vendors must provide display booths and cloths to drape over the tables, be neat in appearance and be prepared with change for sales. All sales are subject to 8% sales tax (6% State of Idaho plus 2% City of Lava Hot Springs). Vendors are responsible for reporting and filing their State tax. 2% City tax must be reported and paid to the Lava Chamber of Commerce at the end of the festival. Display space must be left clean upon departure.

We recommend making lodging reservations early. Lodging information can be found @ www.lavahotsprings.org

FOR MORE INFORMATION:

See website at <http://wellness.lavahotsprings.org> or contact Susan Thomas at (801)663-3329

Please remit your information to Susan Thomas, P.O. Box 404, Lava Hot Springs, ID 83246 along with payment made out to Lava Chamber of Commerce. Vendor spaces are limited. Applications will be reviewed on a first come first serve basis and must be approved by the committee. You will be notified of your acceptance by May 10th. Payment will be processed upon acceptance.

I hereby agree to comply with the terms and conditions as set forth in the Wellness Festival vendor application if approved: Signature _____ Date _____

Name: _____ Business Name: _____

Type of product/service: _____ Email: _____

Address: _____ City: _____ State _____ Zip _____ Phone: _____

IDAHO SALES TAX PERMIT# _____ Temporary permit form available

- Please check here if you do **not** want to be included on our mailing list for future events