



### Vendor Application

BOOTH NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NM CRS# \_\_\_\_\_ VOR LICENSE # \_\_\_\_\_  
*(If Applicable)*

**PERMITTING:** You understand that in order to serve food at this event you must obtain a TFE (Temporary Food Establishment) permit. Any required insurance event insurance must list Prolific Circle and the Village of Ruidoso as additionally insured.

**DETAILS:** Vendor VEHICAL load-in time will STRICTLY be 9am Saturday August 19<sup>th</sup>. Each vendor **must be fully loaded in and setup by 11am** (one hour prior to doors) Doors are at 12pm on Saturday. Vendors will be allowed to drive their vehicle into the event site and drop their gear right where their booth will be. This vehicle drop will only be allowed ONE TIME to drop off, and ONE TIME to pick up at the end of the event on day 2. **Load out must be completed 9pm on day 2.** Vendors will only be allowed to have one vehicle per art/craft vendor and two vehicles per food vendor parked in event parking. Other parking is available nearby, but parking at the event is limited. If you have any questions please call us 844 -524-7253. No disposable glass containers may be given to guests at any time. Vendors also agree to not sell any water at the event. The event center will be selling bottled waters exclusively. **No outside food or drinks allowed in the event center.** Vendors are responsible for **paying their own gross receipts and agree to report gross receipts to event organizer for statistics.** Failure to adhere to these basic guidelines could result in removal, or being disqualified from future PROLIFIC events. Don't be basic... Yes we just said that... We aren't some huge company with no sense of humanity. So let's celebrate!

Please attach a check (payable to: Prolific Circle LLC) or call us to make payments using a card for your booth fee. 844-524-7253. Mail to: Prolific Circle PO BOX 655 Ruidoso, NM 88355

**TYPE OF VENDOR**

Food Vendor: **\$150** or Arts/Craft Vendor **\$100**

Check# \_\_\_\_\_

Card by Phone \_\_\_\_\_ Conf. #  
844-524-7253

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date