



2024 VENDOR REGISTRATION FORM

VENDOR NAME: _____

CONTACT PERSON: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

WEBSITE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

Type of vending: Food/Beverages Merchandise Services

Items available upon request (check all that apply):

Electricity - yes or no (circle) voltage required: _____ one 6' table two chairs

As an authorized representative, of said business listed above, I agree to the following:

- Enclose a check for a \$175 non-refundable booth fee with Vendor Registration Form. Check should be payable to: Mary Lou and Arthur F. Mahone Fund. Forms are due by Friday, August 2, 2024.
- Obtain all necessary permits and approvals from the Kenosha County Health Department if providing food/beverages. Call Kenosha County Division of Health at 262-605-6700 for more information. Permits must be available for review by Vendor Committee the day of event prior to setup.
- Provide a 10 X 10 canopy or tent. Space is limited. Use of an area larger than 10 X 10 must be authorized in advance. (Additional fees may apply.)
- Bring a minimum of a 2A 10BC fire extinguisher for use at booth.
- Bring own lights and adequate number of exterior-grade extension cords, if electricity is requested.
- Keep vending area clean at all times and remove all trash and debris (including cooking oil, cardboard and other recyclables) from booth location at the end of the day.
- Remove all of equipment by 11:00pm on August 17, 2024.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

mahonefund.org
600 52nd Street, Suite 110 • Kenosha, WI 53140
Telephone: 262-654-2412 • Fax: 262-654-2615



Confirmed in compliance with National Standards
for U.S. Community Foundations



RELEASE STATEMENT

(The following release must be read and signed to complete this registration form)

In consideration of being permitted to participate as a vendor for the 2024 HarborPark Jazz, Rhythm & Blues Festival, and in full voluntary recognition and assumption of any risk and hazard associated with my participation, _____ **(print/full name)** for myself and my heirs, personal representatives, successors and assigns, hereby voluntarily release the Mary Lou and Arthur F. Mahone Fund and the Kenosha Community Foundation, the City of Kenosha, HarborPark Jazz, Rhythm & Blues Committee, all HarborPark Jazz, Rhythm & Blues sponsors, participating concessionaires, its officers, employees and representatives, and all other entities or parties associated with the 2024 HarborPark Jazz, Rhythm & Blues Festival event, from any and all claims, losses, damages and liabilities arising from death, injury, illness or damage incurred or suffered by me or any other person arising out of, relating to, or resulting from my participation in the 2024 HarborPark Jazz, Rhythm & Blues Festival event and related incidental activities including pre-event set-up and post-event tear-down activities.

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Return Vendor Registration Form (Including Release Statement & Product List) and Fee to:

Mary Lou and Arthur F. Mahone Fund
Kenosha Community Foundation
600 52nd Street, Suite 110
Kenosha, WI 53140

no later than August 2, 2024

mahonefund.org

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FOOD, BEVERAGES, MERCHANDISE and/or SERVICES LIST

Please describe any and all of the following which you will provide as a vendor:

FOOD/BEVERAGES:

MERCHANDISE:

SERVICES:

OFFICE USE ONLY

DATE RECEIVED _____

SPECIAL INSTRUCTIONS/NOTES:

PAID- YES/NO \$ _____

APPROVED- YES/NO _____

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