



# CAFE: A CULTURAL EVENT APPLICATION

Saturday, October 1 | 1 PM-6PM | Drexel Town Square

## VENDOR CONTACT

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

**Please note:** It is important we have an email address for you and your on-site business partners/employees. Most communication is done via email.

## CAFE THEME

Please provide a brief description of your planned display and/or activity:

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## VENDOR COMMITMENT

The vendor/exhibitor listed upon this contract agrees to hold harmless the City of Oak Creek from any and all claims, liability, injury, loss and expenses, including legal costs that may arise from or in connection with this event. Vendor/exhibitor further agrees to protect and hold the event management and its agents forever harmless for any damages or charges imposed for violations of any law or ordinance, whether occasioned by the negligence of the vendor/exhibitor or those acting on behalf of the exhibitor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLEASE RETURN APPLICATIONS TO:

Laura Nelson  
8040 S. 6th St.  
Oak Creek, WI 53154

**Phone:** 262.994.2849

**Email:** [lnelson@oakcreekwi.gov](mailto:lnelson@oakcreekwi.gov)