

*Kingsford Centennial Committee*

305 S. Carpenter Avenue Kingsford, MI 49802 906-774-3526 ext. 5 or ext. 6

Website: [www.kingsford100thcelebration.com](http://www.kingsford100thcelebration.com) E-mail: [cityofkingsford100th@gmail.com](mailto:cityofkingsford100th@gmail.com)

**Flea Market & Craft Show Vendor Registration Form**

(Please print name in space provided)

\_\_\_\_\_ is entering into this contract with the Kingsford Centennial Committee for space rental at the Kingsford Centennial Committee Flea Market & Craft Show. I agree to be in my designated space by 9:00 a.m. on Saturday, August 6, 2022 at Lodal Park, 1800 W. Breitung Avenue in Kingsford. Flea Market hours open to the public are 9 am to 4 pm CST. Vendors may set up the evening prior from 4 pm to 8 pm (with the understanding the Kingsford Centennial Committee is not responsible for lost/stolen/damaged items). Prior notification of changes must be 24 hours in advance to the flea market staff at (906) 774-3526 ext. 5. If unable to attend, my space will be rented out to some other vendor for the day. These spaces may not be sublet by anyone other than the flea market staff and are non-transferable. It is also hereby agreed that I will not start packing up before 4:00 p.m. without prior permission by the flea market staff or I will be subjected to possible eviction. Camping is not allowed. I have received a copy of the flea market rules and agree to abide by these rules. I understand that any infraction of these rules will be grounds for immediate eviction with no refund of any kind. The cost for a 10' x 10' is \$25 and you may rent more than one lot space.

*Please make checks payable to: Kingsford Centennial Committee*

**PLEASE PRINT LEGIBLY**

Last Name:

\_\_\_\_\_

First Name:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number:

\_\_\_\_\_

Company Name:

\_\_\_\_\_

Seller's/Peddler's License Permit Number:

\_\_\_\_\_

*Peddler's License Application is enclosed.* The fee for Peddler's License is waived. Any questions please call the City of Kingsford Assessor's office 906-774-3526 ext. 4

Type of merchandise to sell:

\_\_\_\_\_

Insurance Company/Policy Number:

\_\_\_\_\_

E-mail address:

\_\_\_\_\_

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

Information about temporary events, including forms, instructions and FAQ's can be found on the Michigan Department of Treasury's website. [www.michigan.gov/treasury](http://www.michigan.gov/treasury) If you have additional questions, please contact the Michigan Department of Treasury, Lansing, MI 48922  
517-636-6925

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OFFICE USE ONLY

Coordinator Signature \_\_\_\_\_ Date received: \_\_\_\_\_

Space Number (s) \_\_\_\_\_

Amount received \$ \_\_\_\_\_ Cash/Money Order/Check # \_\_\_\_\_

ID: \_\_\_\_\_