



_____ 15 X 10 Space-\$75
 _____ 10 X 10 Space-\$50
 *Please mark your space required

Tacolalah Outdoor Market Vendor Application
May 2nd, 2026 10 am to 5 pm

Vendors MUST BE UNLOADED BY 9 and set up by 9:30am Please plan accordingly

THIS IS A RAIN OR SHINE EVENT. PLEASE SET UP WITH A POP UP IN CASE OF RAIN

Business/Name of Booth: _____

Vendors Name(s): _____

Mailing Address/City/Zip: _____

Mobile Phone: _____ **Email:** _____

Business Website or Social Media: _____

Tax ID # _____ **We have one for you if you don't have one.**

Please provide a detailed description of items you will be selling at your booth:

Will you need a power source to operate your booth? Yes ___ No ___ VERY LIMITED

***Vendors are responsible for providing their own Set-Up. (Table, Chair, Table Cover, Pop-up)**

WAIVER OF LIABILITY:

_____ In consideration of accepting this entry, I the undersigned, intending to be legally bound hereby, for myself, my heirs, beneficiaries, legal representatives, executors, and administrators, waive and release any and all rights and claims for damages I may have against Wilson Park Outdoor Market, its coordinators, managers, or directors for any and all injuries suffered by me at the above event.

_____ Further, I hereby grant full permission to use my photographs, videotapes, recordings, or any other media format of this event for any legitimate purpose.

_____ I understand and agree that it is my equal responsibility to advertise my business and products/services in addition to advertising that may be done for me by event coordinators.

_____ I understand that I am expected to provide photos, social media posts on my business page and or contribute to online event discussion to boost my own success and that event coordinators are happy to share my photos for advertising, if I provide them the material.

AGREEMENT:

___ I have read, understand, and agree to abide by the Events Rules & Regulations.

___ I am self-protected with product liability and personal injury insurance and understand that the coordinator does not accept responsibility for vendors' merchandise or any item/service that might cause injury to a customer.

___ I understand that I am solely responsible for collecting sales tax and the filing of my individual sales tax for the state of Kansas.

BREAKFAST, COFFEE & WATER WILL BE PROVIDED TO OUR VENDORS BY VISIT ARK CITY. WE FIGURE 2 PEOPLE PER BOOTH.

Signature _____

Date _____

PAYMENT

Checks can be sent to:

Rachel Wallace
26403 91st Road, Arkansas City, KS 67005

Or

Bailey Pappan
7226 162nd Road
Winfield, KS 76156

Venmo: @Bailey_Pappan

PayPal: rnwallace1986@gmail.com

Please notify us once payment has been sent so we can verify. We always send out a text, email, or Facebook message that verifies we have received payment.

Questions? There are several ways to contact us:

Bailey Pappan at (620) 218-3085 or Baileypappan_14@yahoo.com

Rachel Wallace at (785) 204-1472 or rnwallace1986@gmail.com

Harvest Moon Creations – can be contacted through Facebook

No Vendor fees will be refunded if cancelled after April 15, 2024

This Section For Market Coordinator Use Only

Form in? _____

Cash / Check / Venmo (Circle one) Amt: \$