

City of Needville

FREEDOM FESTIVAL

VENDOR APPLICATION

Harvest Park
3001 Violet St.
NEEDVILLE, TX 77461

JULY 2, 2026

5PM – 11PM

BUSINESS NAME:

FULL ADDRESS:

PHONE:

CONTACT PERSON:

EMAIL:

TYPE OF PRODUCTS YOU SELL

RENTAL SPACE FEE \$25 {FOR AN OUTDOOR 10'X10' SPACE}

FOOD TRUCK OR TRAILER FEE \$50

Your application and payment must be received by JUNE 26, 2026.

Event is rain or shine: NO REFUNDS

NO ELECTRICITY OR WATER PROVIDED

CASH OR MONEY ORDER ONLY (Payable to City of Needville)

Drop off at City Hall or Mail to
PO Box 527
Needville, TX 77461
Email: CRYSTALHARVEY@CITYOFNEEDVILLE.COM

POLICIES AND REGULATIONS FORM

1. Application, payment and liability form must be received by JUNE 26, 2026.
2. All outdoor spaces are 10'x10'. If you need more space you will need to pay for an additional 10'x10' space. You must stay within your space at all times.
3. Food Vendor spots are 10'x 20', your vehicle **MUST BE** detached from your food truck or trailer. **NO EXCEPTIONS**
4. Vendors are allowed to set up, starting at 1PM -4:30PM. You must be set up by 4:30PM. You WILL NOT be able to set up after 4:30PM. We will assign you a spot.
5. All vendors are required to stay until 11PM. If you leave early you will have to cart your items, **NO VEHICLES WILL BE ALLOWED IN TO LOAD UP UNTIL AFTER 11PM.**
6. The event will take place rain or shine, **NO REFUNDS.**
7. Duplicate vendors **WILL NOT** be allowed, (Scentsy, Color Street, Paparazzi etc.)
8. No silly string or spray paint allowed.
9. Vendors must supply their own setup. (canopy, tables, chairs, etc.)
10. Vendors are responsible for their own clean-up and trash disposal. **DO NOT LEAVE YOUR TRASH BEHIND.**
11. Food Vendors are responsible for obtaining their food permit from Fort Bend County Health Department. 281-238-3598 They will be doing onsite inspections the day of.
12. Vendors will be prohibited from displaying any products or signage deemed inappropriate.
13. All Booths must be self-supporting and present a professional appearance. **(NO WATER OR ELECTRICITY PROVIDED, NO EXCEPTIONS)**

14. In addition to this POLICIES AND REGULATIONS FORM, all Vendors must complete and sign the attached City Event Consent & Waiver Form.

Sign **Date**

CITY OF NEEDVILLE EVENT CONSENT & WAIVER FORM

City Event: CITY OF NEEDVILLE FREEDOM FESTIVAL

Participant Name: _____

Email: _____ **Birthdate:** _____

Address: _____ **State:** _____ **Zip:** _____

Emergency Phone Number: _____

If Participant is a minor, then a Guardian must complete this Form on behalf of the Participant

Guardian Name: _____

Guardian Phone Number: _____

Through the Participant's involvement in the City event, the undersigned Participant or Guardian, hereby acknowledges and agrees that:

- The Participant's involvement with the City event is voluntary and at the Participant's own risk.
- Neither the City, nor any of its owners, employees, associates, or agents shall be liable for any damage whatsoever arising from any personal injury or property loss sustained by the Participant's involvement in the City event.
- The Participant assumes full responsibility for all injuries and damages that may occur in or about any programs or activities related to the City event.
- The Participant hereby fully and forever releases the City, its owners, employees, associates, and agents from any and all claims, demands, damage, or rights of action, present and future resulting from the Participant's involvement in the City event.
- The Participant hereby grants authority to the City to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during which the Participant is unable to render a judgment for medical or hospital care for his or herself.
- The Participant hereby authorizes the City and its assignees to utilize any and all photographs, pictures, or other likeness of the Participant in its promotional materials.

PARTICIPANT NAME (Signature): _____ **Date:** _____

PARTICIPANT NAME (Printed): _____ **Date:** _____

If Needed

GUARDIAN NAME (Signature): _____ **Date:** _____

GUARDIAN NAME (Printed): _____ **Date:** _____