



## COMMUNITY DAY VENDOR APPLICATION

We are ecstatic about your participation in Seed Life Foundation's Community Day! The purpose of our community day is to come together to combine our time, gifts, and talents to serve homeless individuals in Atlanta, GA. **Our Snack Pak initiative was created to serve college students and individuals experiencing homelessness with Snack Paks, hygiene paks, and resources to aid towards restoration in the community.**

Complete each section of this application as it pertains to your position. If there is an area that does not pertain to you, leave the section or line blank. If you would like to print out the application and fill it out, scan the completed application to [events@seedlifefoundation.org](mailto:events@seedlifefoundation.org). If you have any questions, email us at [events@seedlifefoundation.org](mailto:events@seedlifefoundation.org). **ALL INFORMATION IN THIS DOCUMENT IS REQUIRED BEFORE PARTICIPATION.**

### **VENDOR FORM FOR SMALL BUSINESSES OR INDIVIDUAL VENDORS**

*Please fill out this portion of the application if you would like to participate or provide services as an individual vendor. This portion is designated for hairstylists, barbers, and small business owners with 10 or less employees attending the event. **ONLY 4 WORKERS PER SPACE ARE ALLOWED.***

**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Website (if any):** \_\_\_\_\_

**Are you the point of contact for this organization:**  Yes  No

**If not, provide the information for the person of contact below:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**What type of service(s), information, or resource(s) are you providing?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you need any accommodations for your set up to be successful?**

- Electric Plugs/Outlets
- Table Space and chairs (Every organization and individual is responsible for bringing their own 6ft table and chairs.)
- Chairs (Every organization and individual is responsible for bringing their own chairs)
- Other:

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**Would you like to vendor indefinitely or for this specific event?**

- Vendor Indefinitely
- I would like to vendor for a specific event on : \_\_\_\_\_  
*(include the date of the event)*

**Company's Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Number of Attending:**  1  2  3  4

**List the names of individuals who are accompanying you (if any):**

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*We would like to send all volunteers and businesses a token of our appreciation, but if you are not comfortable with submitting your address, leave the 'mailing address' portion blank.*

**VENDOR FROM FOR BUSINESSES AND ORGANIZATIONS**

*Please fill out this portion of the application if you would like to participate in Community Day as an organization. This portion of the application is designated for organizations, community partners, government agencies, and businesses interested in participating in our community day with 10 or more volunteers attending. **ONLY 4 WORKERS PER SPACE ARE ALLOWED.***

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Business Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Are you the point of contact for this organization:**  Yes  No

**If not, provide the information for the person of contact below:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Would you like to vendor indefinitely or for this specific event?**

- Vendor Indefinitely
- I would like to vendor for a specific event on: \_\_\_\_\_  
*(include the date of the event)*

**Company's Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Number of Attending:**  1  2  3  4

**List the names of individuals who are accompanying you (if any):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What type of service(s), resource(s), or information will your organization provide?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you need any accommodations for your set up to be successful?**

- Electric Plugs/Outlets
- Table Space and chairs (Every organization and individual is responsible for bringing their own 6ft table and chairs.)
- Chairs (Every organization and individual is responsible for bringing their own chairs)
- Other:

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*We would like to send all volunteers a token of our appreciation, but if you are not comfortable with submitting your address, feel free to leave the 'mailing address' portion blank.*

Before submitting your application, please understand that ALL vendors and organizations are in charge of providing their own tables, resources, information and decorations for the event. **THIS EVENT IS A FREE EVENT. ALL ITEMS ON YOUR TABLE MUST BE FREE TO THE PUBLIC.** As we get closer to the event, we will provide more information and details. Send your completed application to [events@seedlifefoundation.org](mailto:events@seedlifefoundation.org).

If you are in violation or disturbance to the agreements below, organization guidelines or community's event, you will be asked to leave.

**VENDOR APPLICATION AGREEMENT:**

"Upon submitting this application, I am agreeing to the Seed Life Foundation Vendor Agreement that states that Seed Life Foundation is not responsible, liable, or accountable for any lost, stolen or missing products, resources, or information.

I understand that this application is 100% voluntary and aid towards the combined community efforts to serve the homeless population. The safety of my setup and person(s) is subject to the terms and agreements of the events' location. This includes but is not limited to the location's parking restrictions, resources and guidelines. Seed Life Foundation is not responsible for any broken or stolen goods before, during, or after the event. Seed Life Foundation is also not responsible for the emotional response or regulation of me and/or my party (business, organization, sorority, fraternity, etc.) I will keep all valuable resources on my person, at home or hidden to my liking before, during and after the event. At any time."

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTO RELEASE:**

"I understand that at this event, I may be photographed and/or videoed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and promoters for the lifetime of the Seed Life Foundation existence. I give Seed Life Foundation the unrestricted right to reproduce the photographs and videos with my consent. I understand the use of these photos is to publicly promote the brand and its endeavors. This includes but is not limited to print publications, promotions, online publications, presentations, websites, and social media, or trade, in any manner or any medium. I understand that no royalty, fee or other compensation shall become payable to me because of such use."

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CHANGES OR UPDATES:**

Seed Life Foundation recognizes each organization to the best of its ability by the information listed in this form. **All changes and/or updates to your vendor application must be submitted a week before the scheduled event to be successfully maintained and/or changed (December 23, 2022).**

"By signing this form, I certify that I have read this document in full, and I fully understand its content. I am aware of liability and a contract and I sign of my own free will."

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_