

TAKE IT UP A NOTCH



and *discover!*

**Franconia Notch**  
**REGIONAL**  
**CHAMBER OF COMMERCE**

**2025 Bethlehem's Day on Main Festival**

**Application & Insurance Disclaimer**

**Date: Saturday, June 7, 2025**

**10:00 AM – 4:00 PM**

**Location: Rte. 302/Main Street, Bethlehem, NH**

The FNRCC will celebrate Bethlehem's Day on Main Street Festival on June 7<sup>th</sup>. We are inviting you to submit an application to be a part of this celebratory event.

**Fees: \$10 for FNRCC Members / \$20 for non-members** / Vendor fees will be waived for applicants joining the FNCC at the time of this application. Multiple booth spaces may be rented. In order to have diversity amongst vendors, vendor applications may be refused - application checks will be returned. Booth Space will be 12' X 12' with minimum 2' between vendors.

RAIN OR SHINE EVENT - NO REFUNDS FOR ANY REASON.

Please print legibly.

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

OTHER NEEDS: \_\_\_\_\_

**SET UP/BREAK DOWN:** Set up will begin at 7:00 AM and completed by 9:00 AM. Vendors will need to supply all tables, chairs, tents, and equipment. Breakdowns can begin at 4:00 PM and must be removed by 6:00 PM.

**PARKING:** Assigned vendor parking available on a first come, first serve basis

**DISCLAIMER:** I will be personally responsible for my property and the actions of myself and any individuals assisting or in attendance with me on the day of the event. I will comply with any reasonable requests made of me by the Town of Bethlehem, the Franconia Notch Chamber of Commerce, or Bethlehem Police. Failure to comply with requests may result in my removal from the venue with no refund of fees.

I will not hold the Town of Bethlehem, \_\_\_\_\_ the Franconia Notch Regional Chamber of Commerce, \_\_\_\_\_ the Bethlehem Police Department, or \_\_\_\_\_ any individuals, volunteers, or employees affiliated with the organization or sponsorship of this event, \_\_\_\_\_ liable for any damages, personal injury, or theft that may occur.

**Please initial your acceptance of this release for each agent in the spaces provided above**

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

Printed Name: \_\_\_\_\_

Please provide a brief description of items to be sold. \_\_\_\_\_

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

Mail this application with payment to: Franconia Notch Chamber of Commerce, P.O. Box 755, Franconia, NH 03580.

Make checks payable to Franconia Notch Chamber of Commerce.

**For more information [membership@franconianotch.org](mailto:membership@franconianotch.org)**