

Oviedo Historical Society Business Vendor Form

OHS Arts Festival 2026

Date/Time: April 18, 2026, 9am – 4pm

Location: Lawton House Property at 200 W. Broadway St, Oviedo, FL 32765

Questions: Contact Eric Holt at Holt.OHS@gmail.com

Return Date: Reservation form and fees must be received no later than **April 12, 2026** (or until filled)

(*IF YOU ARRIVE AFTER 9am, YOU WILL FORFEIT YOUR PAID LOCATION)

Company/Vendor Name : _____

Event Day Contact Name : _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Items to be sold or given away at the event: _____

501c Vendors (Must Provide Paperwork)	10x10 Space	_____ x \$45.00
Artisan Vendor	10x10 Space	_____ x \$50.00
Political Party	10x10 Space	_____ x \$75.00
Food Truck/food Tent vendors requiring inspection	Food Spot	_____ x \$65.00

Note: Generator use by any vendor needs to be pre-approved

_____ Total Due

*All items must fit into your 10x10 area. Vendors are responsible for their own Tent, Tables, Chairs & Electric

** No refunds will be given due to inclement weather**

*** If you arrive after 9am then you forfeit your spot; no refund will be issued***

Guidelines:

1. Oviedo Historical Society is not responsible for attendance, sales or closure due to regulatory or licensing agencies.
2. Oviedo Historical Society reserves the rights to deny, reject, or remove any exhibitor found to be in violation of guidelines or policies or ordinances of the City of Oviedo.
3. All vendors must be completely set up, with vehicles removed, by 8:45am on the day of the event.
4. No vendor is to break down until the end of the event (4 pm). NO EXCEPTIONS
5. Food vendors must provide signed waiver and meet insurance requirements. Please contact for details.

Payment options:

1. Scan & Email (NO PICTURES FROM PHONE) your form along with payment back to the Oviedo Historical Society at info@oviedofarmersmarket.com

Name on Card: _____

Card Number (VISA/MC ONLY): _____ Expiration Date: ____ / ____ CVC: _____

Billing Zip Code: _____

Signature: _____