



Salem Chamber of Commerce Haunted Biz Baz

Date: Saturday, October 5, & Sunday, October 6, 2019

Time: Saturday 10am - 8pm; Sunday 10am - 6pm

Location: Essex Street Pedestrian Mall and surroundings

Dear Artist / Crafter / Vendor:

Be one of over 70 vendors to participate in the Haunted Happenings festivities by reserving your spot at the Salem Chamber of Commerce Haunted Biz Baz that will be held on October 5 (10am-8pm) & October 6, 2019 (10am-6pm). The event is really the kick-off of Haunted Happenings, and annually draws tens of thousands of visitors to downtown Salem. Register early, space is limited!

Contract:

Your Space: 10' by 10' (1 additional space may be rented)

Deadline: September 6, 2019

Payment due with application - will be refunded if applicant is not selected

Conditions:

- The event will be held rain or shine.
- Once selected, fees are nonrefundable
- Set up time is 8am and break down time is 8pm/6pm. **New policy:** Vendors will stop selling and start breaking down at this time but will have to wait until the Salem Police department gives permission to bring vehicles onto Essex Street. Vendors are allowed to walk to the nearest safe loading area.
- No generators will be allowed. **(NO EXCEPTIONS – This will be enforced in 2019)**

Fee Schedule – All fees MUST be remitted with application:

	Members	Non-Members
Vendors:	\$200	\$400
Handmade Arts & Crafts:	\$150*	\$250*
Non-profit Organizations:	\$100**	\$150**
Food Vendors:	\$250***	\$500***

* *Handmade arts & craft rate only applies to those vendors that make the arts & crafts themselves. Only items that qualify under this category may be sold in your space.*

** *Non-profits must attach copy of Determination Letter from the IRS or other proof of non-profit status.*

*** *Limited to 6 Food Vendor spaces total. Chamber members will receive priority placement. Food Vendors must obtain all necessary permits from the Chamber, and return along with payments and Biz Baz application by September 10th.*

TO ALL VENDORS:

- *The Salem Chamber of Commerce reserves the right to refuse vendors selling merchandise already sold by year-round retailers in the downtown area, for example, Salem, Boston or witch-themed tee-shirts/sweatshirts/caps.*
- *The City of Salem requires that all vendors participating in the Haunted Biz Baz must fill out the attached Board of Probation Inquiry Request for Criminal Record (CORI) form. Please return with your application and payment to the Salem Chamber of Commerce.*

For more information or if you have questions, please contact the Salem Chamber of Commerce, Tel.: 978.744.0004 or e-mail us at info@salem-chamber.org.

On August 10 & 11, 2019 the Salem Chamber of Commerce will also host the Essex Street Fair. See enclosed application. Please get your application in early!



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Registration Form

Please return this application along with samples or pictures of your product / craft / art by **September 10, 2019** to:

Salem Chamber of Commerce, Attn: Biz Baz
265 Essex Street, Salem, MA 01970
Phone: 978-744-0004 Email: info@salem-chamber.org

Business Name: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Fax: _____ email: _____

Description of all products to be sold - ONLY PRODUCTS LISTED WILL BE PERMITTED BY THE SALEM CHAMBER OF COMMERCE! (Please attach separate sheet if necessary)

Do you need a second space? Yes / No (Maximum: 2 spaces)

Spaces requested _____ x \$ _____ = \$ _____

Payment Method:

Check: Amount Enclosed \$ _____

Credit card: ___ Mastercard / ___ Visa / ___ American Express

Account Number _____ Ex: Date: _____

Signature _____

Date _____

ALL PAYMENTS and CORI FORM MUST BE REMITTED WITH APPLICATION!!! If you would like your pictures or samples returned, please send a self-addressed stamped envelope.



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

THE CITY OF SALEM is registered under the
 (Organization)
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to THE CITY OF SALEM
 (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing THE CITY OF SALEM
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The THE CITY OF SALEM may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that THE CITY OF SALEM, must first provide me
 (Organization)
 with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee _____
Date