

Lemoore Chamber of Commerce

2018 Holiday Stroll Vendor Application

Name of Business/ Vendor: _____ Contact Person: _____
Non-Profit Organization: _____ IRS#: _____
Contact Phone Number: _____ Email: _____

This agreement is entered into by and between the Lemoore District Chamber of Commerce and the undersigned.

The undersigned hereby agrees to be a "vendor" at the Lemoore Holiday Stroll.

This event will be held on **Saturday, December 8th, 2018 from 3:00pm-7:00pm.**

The undersigned agrees to vend only the following specific items.

PLEASE LIST ALL TYPES OF ITEMS TO BE SOLD WITH PHOTOS.

The undersigned vendor understands that this agreement covers only the item(s) specifically listed above and that the undersigned vendor will NOT be permitted to vend any item(s) which are NOT listed in this agreement.

ATTENTION ALL VENDORS

_____ Set Up will begin at 1pm and Clean Up will not begin until 7pm. Booths must be set up by 1:45pm and all cars cleared by 2pm.

_____ The Chamber of Commerce will provide an approximate 10 X 10 foot space and the opportunity to vend the above items to the public. Vendors occupying more than approximately a 10 X 10 foot space will be subject to additional space fees. All tents must be secured with weights.

_____ The undersigned is further responsible for leaving his/her area clean of debris and trash.

_____ The undersigned agrees to hold the Chamber, the City of Lemoore and their officers, employees, agents and volunteers harmless by reason of any loss, injury or damage or action brought against the undersigned arising from or related to the performance of this agreement, or any actions arising there from, including, without limitation all consequential damages.

_____ Vendors that are subject to California Sales Tax need to have a California State Sales Permit.

_____ Generators must be whisper quiet, if yours is too loud you will be asked to shut it off.

-Non-profit organizations only must provide copy of Tax Exempt Status Letter

-Food Vendors only are subject to all applicable regulations of the Kings County Health Department (559) 584-1401.

-Food Vendors only must provide proof of liability insurance, naming the Lemoore Chamber of Commerce and the City of Lemoore as additionally insured, ALL Food Vendors must carry a \$1,000,000 Policy.

NO REFUNDS, NO EXCEPTIONS!!

Please Note: Application approval DOES NOT guarantee or assign booth space. A staff member of the Lemoore Chamber of Commerce will contact vendors on Friday, 11/23/18 to advise of approval. It is the applicant's responsibility to contact the Lemoore Chamber of Commerce office to confirm approval, denial, or modification of the application. Spaces are issued AFTER the application is approved and fees are paid. Space locations are determined on a first come, first served basis. No guarantees of any kind are made. In the event of an official cancellation due to extreme circumstances, it is the applicant's responsibility to reschedule with the Chamber.

_____ I request permission to participate in the 2018 Holiday Stroll. I have read the Rules & Regulations and agree to abide by them, and all other laws, codes, and regulations, to cooperate with the Lemoore Chamber management and to pay all applicable fees.

SIGNATURE _____
PRINT NAME _____

DATE _____

Lemoore Chamber of Commerce
2018 Holiday Stroll Vendor Application
Category, Fee, & Requirement Guidelines

CHAMBER MEMBERS/ \$35.00

Must be current member of the Lemoore Chamber of Commerce.
Submit completed application & fee (s)

NON-CHAMBER MEMBERS/ \$45.00

Business shall be determined not to be similar, related, and/or a competing business with any business or organization that is a Lemoore Chamber of Commerce member.
Submit completed application & fee (s)

NON-PROFIT ORGANIZATIONS/ \$10.00

Submit completed application & fee(s)
Must supply a copy of non-profit status from the IRS

ALL FOOD VENDORS MUST:

Submit completed application & fee(s)
Provide Liability insurance (\$1,000,000.00 policy) with Lemoore Chamber of Commerce and City of Lemoore listed as "Additionally insured" and to include location address: 300 E Street, Lemoore, CA 93245
Health Department Permit contact number: (559) 584-1411

Total amount due \$ _____ Date Received _____

Payment Type: Check # _____ Cash _____ VISA or MASTERCARD _____
If you wish to pay fee(s) by a credit card, please contact the Chamber office

Signature _____ Date _____

MAIL FORM AND FEE TO:

Lemoore District Chamber of Commerce office at 300 "E" Street, Lemoore, CA 93245
For more information or for additional questions you may have, please contact our office at (559) 924-6401