

Lemoore Chamber of Commerce  
Vendor Application

Event: Holiday Stroll  
11/23/2019

Name of Business/Vendor: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Non-Profit Organization \_\_\_\_\_ IRS# \_\_\_\_\_  
Event Contact \_\_\_\_\_ Email \_\_\_\_\_ Phone # \_\_\_\_\_

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, November 23, 2019 from 3:00 PM-7:00 PM.**

The undersigned agrees to vend only the following specific items.

**PLEASE LIST ALL TYPES OF ITEMS TO BE SOLD- PLEASE INCLUDE PHOTOS**

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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) that are NOT listed in this agreement.**

**ATTENTION ALL VENDORS**

Set up will begin at 1:00 PM and clean up will not begin until 7:00 PM. Booths must be set up no later than 1:45 PM. All cars must be cleared by 2:00 PM. \_\_\_\_\_initial

The Chamber of Commerce will provide an approximate 10'x10' space and the opportunity to vend the above items to the public. Vendors occupying more than approximately 10'x10'x space will be subject to additional space fees. All tents must be secured with weights. \_\_\_\_\_initial

The undersigned is further responsible for leaving his/her area clean of debris and garbage. \_\_\_\_\_initial

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. \_\_\_\_\_initial

Vendors that are subject to California Sales Tax need to have a California State Sales Permit. \_\_\_\_\_initial

Generators must be whisper quiet. If yours is too loud, you will be asked to shut it off. \_\_\_\_\_initial

**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 \$1,000,000.00 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 by Tuesday, 10/01/19, to advise of approval. It is the applicant's responsibility to contact the Lemoore Chamber of Commerce 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 2019 Downtown 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. \_\_\_\_\_initial

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

Category, Fee, & Requirement Guidelines

**CHAMBER MEMBERS/ \$40.00**

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

**NON-CHAMBER MEMBERS/ \$50.00**

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

**NON-PROFIT ORGANIZATION/ \$15.00**

Submit completed application & fee(s)  
Must attach 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: 119 Fox Street, Lemoore, CA 93245  
Health department Permit contact number: 559-584-1411

Total Amount Due \$ \_\_\_\_\_ Date Received \_\_\_\_\_

**Payment Type:**

CHECK # \_\_\_\_\_ Credit Card# \_\_\_\_\_  
EXP: \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Please make all checks payable to **Lemoore Chamber of Commerce**  
Applications may be mailed or dropped off to: 119 Fox Street, Lemoore, CA 93245  
Or Emailed to [tiffany@lemoorechamber.org](mailto:tiffany@lemoorechamber.org)

OFFICE USE ONLY

\_\_\_\_\_ Date Application Received \_\_\_\_\_ Approved  
\_\_\_\_\_ Date Payment Received \_\_\_\_\_ Denied