

**Lemoore Chamber of Commerce
Rockin' the Arbor Vendor Application**

Name of Business/Non-Profit Organization _____
Contact Person _____ Telephone # _____
Email Address _____ IRS # (non-profit only) _____

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

The undersigned hereby agrees to be a "vendor" at the Rockin' the Arbor" summer concert series.

This is a one night event on October 4th, 2019 from 6:30pm-10:30pm.

The

undersigned agrees to vend only the following specific items:

PLEASE LIST ALL TYPES OF ITEMS TO BE SOLD (Pictures are encouraged for advertising)

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 3:00pm and **CLEAN UP** will not begin until **10:00pm**. Booths must be set up by **5:30pm** and all cars cleared out by **5:00pm**.

_____ The Lemoore Chamber of Commerce will provide an approximate 10x10 ft space and the opportunity to vend the above items to the public. Vendors occupying more than approximately a 10x10 ft 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, City of Lemoore, and their officers, employees, agents, and volunteers harmless by reason of any loss, injury, 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.

_____ **Electricity is limited and NOT guaranteed.** *Generators must be whisper quiet, if yours is too loud you will be asked to shut it off.*

NON PROFIT ORGANIZATIONS ONLY Must provide a copy of Tax Exempt status letter

FOOD VENDORS ONLY are subject to all applicable regulations of the Kings County Health Department. Please contact 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

NOTE: Application approval DOES NOT guarantee or assign booth space! 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 kinds 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 at "Rockin' the Arbor". 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 of Commerce management and to pay all applicable fees.

Signature _____ Date _____

Category, Fees, & Requirement Guidelines

**Lemoore Chamber of Commerce
Rockin' the Arbor Vendor Application**

CHAMBER MEMBERS- \$35.00/per night

Must be a current member of the Lemoore Chamber of Commerce.

Submit completed application & fee(s)

NON-CHAMBER MEMBERS- \$45.00/per night

Business shall be determined not to be similar, related, and/or a completing business with any business or organization that is a Lemoore Chamber of Commerce member.

Submit completed application & fee(s)

NON-PROFIT ORGANIZATIONS- \$10.00/per night

Must attach a copy of non-profit status from the IRS

Submit completed application & fee(s)

ALL FOOD VENDORS MUST:

Provide liability insurance \$1,000,000.00 policy with the Lemoore Chamber of Commerce and City of Lemoore listed as Additionally Insured and include location address: 300 E Street, Lemoore, CA 93245

Provide Health Department Permit (Contact 559.584.1411)

Submit completed applicatoin & fee (s)

_____ \$5.00 per event for ELECTRICITY (Electricity is limited, and NOT guaranteed)

Date(s) Attending--Please check all that apply

_____ 10/04

Total Nights ____ x Rate= ____ + Electricity ____

Total Amount Due _____

PAYMENT TYPE-- Please select one

____ CASH

____ CHECK

Card # _____

Expiration Date _____ 3-Digit Code _____

Billing Zip Code _____

Signature _____

Date _____

Please submit completed application and payment to Lemoore Chamber of Commerce *temporarily* located on the 2nd floor of Lemoore City Hall, 119 Fox St or Email to samantha@lemoorechamber.org

OFFICE USE ONLY

Application Received By: _____

Date: _____

Payment Received: _____

_____ Approved _____ Denied