



**Sunday - October 4, 2020**  
**10:00 AM to 4:00 PM**  
 Downtown Lombard - St. Charles Rd.  
 Lombard Chamber of Commerce  
 www.lombardchamber.com  
 630-627-5040 - info@lombardchamber.com

**HOME PARTY VENDOR APPLICATION AGREEMENT** (Please Print Legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Party Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>NO APPLICATIONS ACCEPTED AFTER 9/25/20</b>	<b>Preferred Set-up Time (please circle one)</b>			<b>FEE</b>	<b>SUBTOTAL</b>
	<b>7:00 AM</b>	<b>7:45 AM</b>	<b>8:30 AM</b>	<b>\$150</b>	
<b>Electric</b>	<i>Limited availability and location options</i> . Extension cords and outlet strips NOT provided. Lombard Public Works will outfit a tree vault with a special adapter. <b>Attempting to plug directly into the outlet, can cause the entire block to lose power!</b> NOTE: <i>Other forms of power, ie: car battery or generators are NOT allowed.</i>			<b>\$75</b>	
<b>Select Payment Type</b> Please Circle	Visa	MasterCard	Amex	Discover	<b>Add \$5 Credit Card Fee</b>
	Personal Check	Cashiers Check	Money Order	<b>NOTE: \$40 fee for checks returned due to non-sufficient funds (NSF)</b>	

I apply for participation in the 2020 Craftoberfest. By signing below, I state that I have read and agree to all of the governing rules and guidelines, and I understand that **once my entry is approved, all fees paid are non-refundable and non-transferrable.** Not valid without signature.

**Please initial:** \_\_\_\_ I understand that only **ONE** of each Home Party Vendor Business type will be allowed on a first-come, first-served basis and limited to **10 total**. I also understand that my booth will be placed along with other Home Party businesses all in one section of the event. Prior participation is not an automatic guarantee of 2020 participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE REQUIRED**

Credit Card Payment - please print clearly

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Code \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Email Address for Receipt \_\_\_\_\_

**Mail Application With Payment To:**

**Lombard Chamber of Commerce - 10 Lilac Lane - Lombard, IL 60148**