

Lemoore Chamber of Commerce 2017 “Rockin’ the Arbor” Vendor Application

Name of Business/Vendor: _____

Non-profit Organization: _____ IRS # _____

Contact Person: _____ Telephone #: _____

Address _____ City _____ Zip _____

Email: _____

This year we are incorporating themes for each event night-we ask that all vendors participate

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 “Rockin’ the Arbor” Concert Series.

These are make up dates Friday **September 29 & October 6, 2017**, from 6-10:30p.m.

The undersigned agrees to vend only the following specific items.

YOU MUST GIVE A COMPLETE LIST OF ALL TYPES OF ITEMS TO BE SOLD! WITH PHOTOS!

PLEASE PRINT OR TYPE

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 3pm and **Clean Up** will not begin until 10:30pm. Booths must be set up by 5:30pm and all cars cleared by 5:00pm.
- The Lemoore District 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.
- **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 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!!!**

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 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 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 Lemoore Chamber management and to pay all applicable fees.

SIGNATURE: _____ **DATE:** _____

Category, fee & requirement guidelines

CHAMBER MEMBERS/\$35.00 per night (*\$150.00 for all 5 weeks if paid in advance*)

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

NON-CHAMBER MEMBERS/\$45.00 per night (\$200.00 for all 5 weeks if paid in advance)

- 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/\$10.00 per night (*fee (s) must be paid in advance*)

- 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. 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 584-1411).

\$5 per event for ELECTRICITY (Electricity is limited, and NOT guaranteed)

\$20 entire five weeks for ELECTRICITY (Electricity is limited, and NOT guaranteed)

Date(s) Attending (please circle all that apply):

September 29 - October 6

Total nights _____ **X** _____ = _____ + **Electricity** _____

Total amount due _____ **Date Received** _____

Payment Type: Check# _____ /Cash / VISA or MASTERCARD

If you wish to pay fee by Credit Card, please contact the Chamber Office

SIGNATURE: _____ DATE: _____

MAIL FORM AND FEE TO:

Lemoore District Chamber of Commerce 300 "E" Street, Lemoore, CA 93245

Questions Call 559-924-6401