

2022

Saturday, May 21st, 9AM - 5PM

Sunday, May 22nd, 9AM - 5PM



SPECIALTY MERCHANDISE & SERVICES APPLICATION

Hosted by: **Oakdale**
CHAMBER of COMMERCE
CALIFORNIA

Company/Vendor Name: _____
Address: _____
City/State: _____ Zip: _____
Contact Name: _____
Email/Phone: _____
CA Sellers Permit # _____

OFFICE USE

Received: _____
Approved: _____
Booth Fee: _____
Deposit: _____
Insurance

BOOTH SPACE RATES

	Fees Per 10'x10' booth space	By 2/1/2022	After 2/1/2022	Qty	Total
	Chamber Member	\$300	\$400		\$
	Non-Chamber Member	\$450	\$550		\$
	Non-Profit Organization	\$275	\$375		\$
	Jury Fee (non-refundable)	\$0	\$15		\$

TOTAL: _____

Certificate of Insurance naming Oakdale Chamber of Commerce, event Chocolate Festival as additional insured needs to be sent in by May 4, 2022.

Security Deposit of **\$100** must be sent with application in check or money order form made payable to the **Oakdale Chocolate Festival**

PRODUCT(S) OR SERVICE(S) INFORMATION

Please provide a description of the product and/or services that you will present in your booth. You must enclose one or more color photos of your products or describe in detail your services to help us in our selection procedure. Any products not listed, must be approved in writing by the Specialty Merchandise & Services Committee. Attach additional page if necessary.

Description:

Price:

NO RAIN DATES • NO REFUNDS

I HAVE READ THE FESTIVAL'S POLICIES AND PROCEDURES AND WILL COMPLY WITH THEM.

I agree to indemnify, protect and defend and hold the Oakdale Chamber of Commerce, its Board of Directors, City of Oakdale, the Chocolate Festival Committee, representatives, agents, successors, members and employees of each of them harmless from and against any claims, demands, proceedings, causes of action, suits, damages, liabilities, fines, penalties, cost to comply with court and public agency directives, losses, costs and expenses (including, without limitation, attorneys' and consultants' costs, expenses and fees, costs of experts, investigation expenses and costs incurred in settling indemnified claims either before and after litigation is commenced) arising out of my participation at The Oakdale Chocolate Festival as a vendor.

Signature _____

Date _____

Method of Payment:

☐ Check enclosed: Payable to the ***Oakdale Chocolate Festival***

☐ Credit Card: (Signature for credit card payment)

Signature: _____ Date ____/____/____

Thank you for your support!

Oakdale Chocolate Festival • 590 N. Yosemite Ave. • Oakdale, CA 95361 • 209-847-2244 / Fax 209-847-0826
oakdalechamber.com or events@oakdalechamber.com

Credit Card Information:

Cardholder Name: _____

Mailing address for card / Zip: _____

Credit Card No.: _____

Expiration date: _____ CVV: _____