

VENDOR APPLICATION AGREEMENT - 2021

Business Name: _____

Contact Person(s): _____ Email: _____

Complete Address: _____

City: _____ Zip: _____

Primary Phone(s): _____

DESCRIBE ATTRACTION: *What do you plan to sell, including prices. Please be very specific. What makes your product unique?* _____

TO BE CONSIDERED FOR PARTICIPATION, ALL VENDORS ARE REQUIRED TO SUBMIT THE FOLLOWING:

Signed Vendor Application Agreement **DUE BY AUG 1, 2021.**

Copy of Seller's Permit, and Business License or Exemption Certificate, Health Department Forms (upon approval)

Security Deposit Check: \$50 (Check # _____)

| | FOOD | NON-PROFITS | ARTISAN CRAFTS | CLUBS & BOOSTERS | INFO BOOTHS BUSINESS |
|----------------|-------|-------------|----------------|------------------|----------------------|
| CHAMBER MEMBER | \$150 | \$25 | \$50 | \$25 | \$50 |
| NON-MEMBERS | \$200 | \$50 | \$75 | \$50 | \$75 |

CIRCLE ALL DATES YOU WILL BE PARTICIPATING

AUG: 7 14 21 28 SEPT: 4 11 18 25

MasterCard and VISA are accepted. If you are charging your fee please complete the area below.

NAME on Credit Card: _____

BILLING ADDRESS of CREDIT CARD: _____

Credit Card Number: _____ - _____ - _____

Exp. Date _____ 3 Digit Code on back _____ X _____

Signature of Credit Card holder

I agree to release the Sanger District Chamber of Commerce, City of Sanger, CA and the Tom Flores Homecoming Committee from any liability arising from my participation in this event, including any damage to me, or anyone operating my space, and any damage to or theft of my merchandise. We reserve the right to refuse service to anyone. All committee/staff decisions are final. **MAIL THIS FORM TO: 1789 Jensen Ave., Suite B, Sanger, CA 93657**

Signed: _____ Date: _____

Application CHECK LIST: **FOR CHAMBER USE ONLY**

- App. Paid Check# _____ Cash\$ _____ CC date: _____ \$50 Security Deposit Check # _____
 Copy: CA Sellers _____

| |
|-------------|
| TOTAL DAYS: |
| TOTAL DUE: |