



HOLIDAY VENDOR APPLICATION

NOVEMBER 29th, 2017 Late fees incurred after: Nov 20th

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VENUE DETAILS

Vendor Setup @ 4:00pm
 Music @ 5:00pm
 Tree Lighting
 @5:30p.m.

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Name: _____

Business Name: _____

Mailing Address: _____

Best way to contact you (8-5pm): PHONE or EMAIL

Phone: _____ EMAIL address: _____

1. Type of goods you plan to sell: _____

2. Displaying licensed product/s? YES/NO (Circle one)
(Yes = Resale license required with payment)

3. Gridley Chamber Member? YES/NO (Circle one)

VENDOR BOOTH REQUEST

& TYPE: FOOD CRAFT NOT FOR PROFIT BUSINESS COMMERCIAL

<p>FOOD VENDORS: Health Dept. Verification required with payment;</p> <p><input type="checkbox"/> Single 10x10 \$20 <input type="checkbox"/> Double 10x20 \$40 <input type="checkbox"/> Food Truck \$35 <input type="checkbox"/> *110 Electricity \$15</p> <p>NON-PROFIT VENDOR: Tax Id No: _____</p> <p>ALL OTHER VENDORS:</p> <p><input type="checkbox"/> Single 10x10 \$12 <input type="checkbox"/> Double 10x20 \$25 <input type="checkbox"/> *Electricity(Led) \$8</p> <p>* Extension cords will not be</p>	<p>You are entering an agreement with the Gridley Area Chamber of Commerce and request a vendor booth is being taken into consideration. Once payment is received your request will be considered. And you alone are responsible for your vendor booth. You will sign below in agreement with our vendor booth rules:</p> <p>_____ I agree not to sell any CAPS, GUNS (ANY TYPE), LIGHTERS, FIRE CRACKERS, EMPTY BALLOONS, X-RATED OR ADULT ITEMS, STINK BOMBS, DRUGS OR ANY TYPE OF DRUG PARAPHERNALIA. If we find items that are not conducive to a family outing we have your permission to ask you to take down your booth and leave.</p> <p>Initial _____</p> <p>_____ That you will not hold the Gridley Area Chamber of Commerce, its members, board, employees, Parade of Lights committee, City of Gridley liable, or responsible for the theft or liability of any product, service and/or personal injury incurred by an event participant, you or your staff and/or by your product sale/s.</p> <p>Initial _____</p> <p>_____ You accept all responsibility for risk/s and liability and/or injury.</p> <p>Initial _____</p> <p>_____ You agree to carry your own liability insurance.</p> <p>Initial _____</p>
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Refunds will not be honored. Event details are subject to change. This event occurs rain or shine!

By signing this contract, you agree to all terms and to operate your booth from 5pm to 9pm on November 29th, 2017:

Signature: _____

Position/Title: _____

Date: _____

I am the sole representative for the products being sold and I am the rightful owner and/or manager of said employees and distributor of those products being advertised and sold. Furthermore, I willfully agree to assume all risk for all operations and products of my vending, at this booth, at this event.

Payments: Gridley Area Chamber of Commerce
 Info@GridleyAreaChamber.org
 (530) 846-3142

890 Hazel St., Gridley, Ca, 945948
 Office Open:
 Mon, Wed, or Fri 10am to 2pm

OFFICE USE ONLY
 Date Received:
 Amt: Check No:
 Your Initials please:

We reserve the right to refuse vendors