



# Holiday Tree Lighting Celebration Vendor Application

Thursday, December 5<sup>th</sup> | 6:00—9:00pm | Brand Blvd. & Celis St. | San Fernando

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name (First, Last) \_\_\_\_\_

Display / Product Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **\$35: Vendor/Non-profit:** Event Booth Space (*booth space includes 10x10' space, 1 table, 2 chairs, 1 VIP Reserved Parking, and the ability to sell / distribute promotional items.*) Vendors who are selling must provide a copy of their City of San Fernando business license with vendor application. For business license visit: <https://sanfernando.hdlgov.com/>

## **Options (Additional fee):**

\_\_\_\_\_ **\$35:** Electricity (must provide extension cords)

*Payment must be received prior to November 25<sup>th</sup> to guarantee space.*

\_\_\_\_\_

*Please initial that you have read and agreed to the following:*

\_\_\_\_\_ I am personally responsible for all product and equipment I bring to the event.

\_\_\_\_\_ I will have my booth set up and operating by 5:00pm. I will not leave the event early and risk future vending opportunities.

\_\_\_\_\_ I will not distribute or sell items that have not been approved prior to the event.

\_\_\_\_\_ I understand no refunds will be made to exhibitors who fail to occupy space or cancel 48 hours prior to event day.

\_\_\_\_\_ I understand that cooking vendors must adhere to the regulations of the Los Angeles County Health Department.

\_\_\_\_\_ I understand that I must provide a copy of any permits or licenses required for my booth.

\_\_\_\_\_ I am responsible for my space clean-up and will leave my space clear of trash prior to my departure.

*As a vendor, you are required to include a 10x10' canopy as part of your set-up (a \$75 fee will be charged for a canopy on day of event if not included).*

Signature of Exhibitor/Vendor Distributor \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please complete and return application with payment (checks payable to: *City of San Fernando*) to:

**Recreation Park, 208 Park Avenue San Fernando, 91340.**

*For questions or concerns please contact*

**818.898.1290**

***Thank you for participating!***

