
First Night 2018

Fullerton Vendor Application

NAME (CONTACT) _____

COMPANY NAME/ORGANIZATION _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

TELEPHONE (DAY) (_____) _____ - _____ (CELL) (_____) _____ - _____

(FAX) (_____) _____ - _____ (E-MAIL) _____

Description of all food/commercial items you plan to sell (items other than food must be related to the event: activities, games, New Year's novelties, etc.) Food vendors include all menu, prices and pictures of booth; all other vendors include pictures of ALL items you wish to sell:

1. Participation fee (see below for fees) includes a 10'x10' space. Vendor is responsible for providing canopy, all supplies and equipment necessary for booth.
2. Each vendor must include a \$100.00 security deposit with their application. To receive their security deposit refund in full, vendors must follow all policies & procedures.
3. Electricity will be provided at the rate of \$30.00 per outlet (one appliance per plug will be strictly enforced). NO generators or multi-outlet strips will be allowed.

Please indicate whether you will be using one or two 10' x 10' spaces. All equipment must fit inside your 10' x 10' space (grills will need to be placed next to or behind your booth). If vendors need more space they can rent two 10' x 10' spaces.

Please check a box below if you are a commercial food booth, food cart or novelties:

- 1 – 10' X 10' space = \$275.00
- 2 – 10' X 10' spaces = \$550.00

Please check a box below if you are a non-profit organization:

- 1 – 10' X 10' space = \$225.00 (Non-profit booth)
- 2 – 10' X 10' spaces = \$450.00 (Non-profit booth)

Please check a box below if you have a commercial food trailer:

- 1 – 10' x 15' Trailer = \$350.00
- 2 – 10' X 15' Trailers = \$700.00

*****APPLICATION CONTINUED ON REVERSE SIDE*****

All vendors mark the space below for the # of electrical outlets you will need:

Electricity: # of outlets _____ x \$30.00 = \$ _____

All vendors must mark the space below for the deposit:

Deposit = \$100.00

Total= Space \$ _____ + Electricity \$ _____ + Deposit \$100 =

Total of \$ _____

Please include:

Your check or money order made payable to the City of Fullerton and a copy of your current Health Department permit or sticker number.

Please return this application, photos and the fees to the events office no later than Friday, November 10, 2017 at 5pm. Incomplete applications will not be accepted.

For assistance call Amanda Arbiso at (714) 738-3338

Office Use Only

Date Received:

Time:

Initials:

Application Submitted: _____
Indemnification Clause Submitted: _____
Pictures Submitted: _____
Menu/List Submitted: _____
Deposit Submitted: _____
Fees Submitted: _____
Electrical Submitted: _____
How many vendor spaces: _____

Notes:

First Night Fullerton 2018

Indemnification Clause

_____ agrees to defend, indemnify, and hold harmless the **CITY OF FULLERTON (CITY)**, its officers, agents, employees, and volunteers, from all loss, cost, and expense arising out of any liability, or claim of liability, for personal injury, bodily injury to persons, contractual liability, and damage to property sustained, or claimed to have been sustained, arising out of the activities of _____, or those of any of its officers, agents, or employees, whether such act is authorized by this agreement or not; and _____ shall pay for any and all damage to the property of the **CITY**, or loss or theft of such property, done or caused by such persons. **CITY** assumes no responsibility whatsoever for any property placed on the premises. _____ Further agrees to waive all rights of subrogation against the **CITY**. The provisions of this agreement do not apply to any damage or loss caused solely by the negligence of the **CITY** or any of its agents or employees. The applicant Vendor is an authorized agent of the group submitting this application and is 21 years of age or older, and accepts responsibility for information contained in this application. Vendor understands that failure to comply with participation guidelines as specified may result in removal from the event.

****Vendors should fill in their name or company name in the blanks above****

SIGNATURE OF OWNER OR LEGAL REPRESENTATIVE OF ORGANIZATION

DATE

PLEASE PRINT NAME AND TITLE

Some Documents Acceptable as Proof of Non-profit Status

<u>Document</u>	<u>Source</u>
1. Articles of Incorporation as a non-profit	Secretary of State
or	
2. IRS letter showing organization to be Tax Exempt	Internal Revenue Service
or	
3. State Franchise Tax Board letter showing organization Tax Exempt	Franchise Tax Board
or	
4. Certificate of Registration with State Registry of Charitable Trusts	Sate Registry of Charitable Trusts