



# VENDOR APPLICATION



Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_

SELLERS PERMIT#: \_\_\_\_\_ CITY OF FULLERTON BUSINESS LICENSE#: \_\_\_\_\_

(YOU CAN APPLY FOR A ONE-DAY PERMIT, CONTACT EVENT STAFF FOR MORE INFORMATION)

List items to be sold. Items not listed on application, cannot be sold. Staff have final approval on any items sold in booth and on the grounds. Please include additional sheet if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The City of Fullerton does not express or imply any endorsement of any product or service provided by any participating vendor.

## VENDOR PAYMENT INFO.

**Event Date:** Friday, December 5, 2025

**Hours:** 5:00 pm - 9:00 pm (Please be ready to sell at 4:30 pm)

**VENDOR (SPACE ONLY)**  
one (1) 10X10 space- \$50.00

**FOOD VENDOR/TRUCK**  
\$80.00

**TOTAL AMOUNT DUE:** \$\_\_\_\_\_

*MAKE CHECKS PAYABLE TO: CITY OF FULLERTON*

*CREDIT/DEBIT CARD PAYMENT: UPON APPLICATION APPROVAL*

**\*\*\*PLEASE DO NOT SEND ANY PAYMENT UNTIL APPLICATION HAS BEEN APPROVED\*\*\***

**EMAIL APPLICATIONS TO:**  
**Maria.Sandoval@cityoffullerton.com**

A completed Health Department application, and documents must accompany this form. Applications are accepted on a first come, first served basis and must be approved by city staff. **NO REFUNDS.** We hereby agree to abide by the rules and covenants set by the City of Fullerton and agree to protect, defend, indemnify, and hold harmless the City of Fullerton, its elective & appointive boards, officers, agents, employees, and volunteers from all loss, damage, and claim resulting from this event.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date