

Howl-O-Ween October 28, 2017

CITY OF VACAVILLE COMMUNITY SERVICES DEPARTMENT / SPECIAL EVENTS

Vendor Application Packet

Event Information

When: Saturday, October 28th 2017 from 11:00am - 1:00pm

Where: Andrews Park 614 W Monte Vista Ave Vacaville, CA 95688

Who: All ages, families, dog friendly **Expected attendance:** 1,500-2,500

What: Canine Costume Contest, Pooch Parade, Vendors, Entertainment, & Raffles

Vendor Packet Checklist

___ Completed application form (all questions must be answered & application signed)

___ Complete list of items to sell or promote (space on backside of app. or attach separate page)

___ Recent photo of booth & product display (ATTACH: photos will not be returned)

___ Copy of California Seller's Permit (ATTACH) ___ Copy of Business Lic. or 501c3 letter (ATTACH)

___ Copy of general & product insurance, listing City as also insured (ATTACH)

Vendor Terms & Instructions

Applications: Applications can be submitted in person or by mail to Special Events department, 91 Town Square Place. This application is neither an offer nor a guarantee of space. No exclusivity will be given for this event. Incomplete applications will NOT be considered OR returned. All questions must be answered completely and accurately – the information you give is the sole representation of your business for the selection process.

Approval: If approval is issued, the Special Events Department will select the vendor space; special requests considered but not guaranteed. The City of Vacaville is seeking experienced operators with quality presentation; consideration will be given to those with unique items.

Payments: Please do NOT send money with this application. You will be billed at the time of approval. Payments may be made in the form of cash, check, or credit card at any Vacaville Community Center upon approval.

Space: The fee is only for the rental of the space and does not include assembly/construction of vendor exhibits. Booths do NOT have access to electricity. You must provide your own 10 x 10 canopy, 8ft table and chairs.

	Non-Food Vendors:	Food Vendors
10 x 10 booth space	\$40	\$80

See page 2 for larger space booths

Non-Profits = 15% Discount

Vendor Hours: Vendors load-in may load in on School St. between 7:00am and 9:30am. Tear down may begin no earlier than 1:00pm. Please note you may not load or unload between 9:30am – 1:00pm; no exceptions. Free vendor parking will be available at the Georgie Duke Center and is accessible from Monte Vista & School streets.

Refunds: This is a rain or shine event; no refunds will be given for inclement weather or no shows.

Restrictions: The following items are prohibited on the premises and may not be sold at this event: weapons, drug-related paraphernalia, nor items and/or activities for which an adult-oriented business permit would be required (per Chapter 9.05 of the Vacaville Municipal Code).

If you have any questions regarding this application, please contact the Special Events Office.

Please submit applications in person or by mail to:



City of Vacaville Special Events

E-mail: SpecialEvents@cityofvacaville.com

Phone: (707) 469-6694 **FAX:** (707) 469-6663

91 Town Square Place, Vacaville, CA 9568

Application Deadlines:

Thursday, September 28, 2017

Please make a copy for your records

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Vendor Application Packet

SELECT ONE: New Returning **SELECT ONE:** Non-profit Commercial/Craft Food

BUSINESS INFORMATION (Must attach supporting documentation)

Business Name _____

Name of Applicant _____ Owner? Yes No

On-site Contact _____ On-site Contacts Cell # _____

Address _____

City _____ State _____ Zip _____

Business Phone () _____ Residence Phone () _____

Cellular Phone () _____ Fax () _____

E-mail address _____ Web Site _____

Federal Taxpayer's ID # _____ **CA Seller's Permit#** _____

Business License # _____

How long in business _____ Sole Proprietor Partnership Corporation Other _____

Have you ever conducted business with the City of Vacaville? **Y/ N** If yes, what year(s)? _____

Giveaway gift valued at min \$15 _____

FINANCIAL INTEREST

List names of all persons with financial interest (ownership) in your business or organization (if a corporation, list corporate officers). Names are REQUIRED.

Name(s) _____

INSURANCE REQUIREMENTS (*Must attach supporting documentation)

1. Proof of general and product liability insurance of at least \$1,000,000 per occurrence is required with your application and must deem City of Vacaville as also insured. It MUST list the Certificate Holder as "City of Vacaville 650 Merchant St Vacaville, CA 95688"
2. **Additional Insured endorsement** – The General Liability insurance policy # must be listed on this document and the Additional Insured must be listed as "The City of Vacaville, California, it's employees, agents, officials, & volunteers"

Carrier _____ **Policy Expires** _____ **City listed also Insured Y/ N**

BOOTH INFORMATION (Please attach a photo of booth display)

Vendors must provide and set up their own 10 X 10 tent; exhibits, tables, and tents are required to stay within set boundaries. Vendors needing a larger space must purchase two or more booth spaces. Special requests are on a first come basis and are not guaranteed.

Non-Food Vendors: 10 X 10 (\$40) 10 X 20 (\$60) 10 X 30 (\$80)

Food Vendors: 10 X 10 (\$80) 10 X 20 & Food Trucks (\$100) 10 X 30 (\$120)

Note: Food concessions, see pg. 4 addendum for booth setup

Check All That Apply:

- Use microphone Conduct prize drawings Promotional Give-a-ways
- Direct Sales Leads Mail order Custom items Stock merchandise

Special Requests: _____

UTILITIES REQUIRED (Any audio/visual equipment must be approved in writing by coordinator)

No electrical outlets will be available for vendors. Food concessionaires, see addendum for electricity restrictions.

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City of Vacaville Special Events
E-mail: SpecialEvents@cityofvacaville.com
Phone: (707) 469-6694 **FAX:** (707) 469-6663
 91 Town Square Place, Vacaville, CA 95688



REFERENCES (List 2 fairs, festivals or shows you have recently participated in)

Event #1 _____

Contact person _____ Phone () _____

Event #2 _____

Contact person _____ Phone () _____

PRODUCTS & SERVICES PRICING (complete or attach separate list, please be specific)

TYPE OF ITEM (Ex: Baskets, Music, Clothing, Food)	PRICING

CERTIFICATION OF APPLICANT

I, the undersigned, acknowledge, agree and understand that: Participation may involve risk of serious injury, including but not limited to bodily injury, death, property damage and economic losses, which may result not only from the participant's actions, inaction's, or negligence, but also from the actions, inaction's or negligence of others, or the conditions of facilities, equipment, or areas where the event or activity is being conducted. Furthermore, the undersigned both understands the risks associated and agrees to assume any and all such risks arising out of or in the course of participation in this activity or event.

The undersigned warrants that he/she is in good health and has no physical condition, which would prevent safe participation in this activity or event. Furthermore, the undersigned participant agrees to immediately report to the activity or event supervisor any unsafe condition and/or any injury incurred.

The undersigned agrees to indemnify, defend, and hold harmless the City of Vacaville, its officers, officials, employees and volunteers from and against all liability, loss, damage, expenses, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with the participation in the activity or event described above or failure to comply with any obligations related to this activity or event. The undersigned shall procure and maintain insurance as set forth in Exhibit "A" hereto.

The undersigned participant hereby give consent to be treated by a physician or surgeon in case of sudden illness or injury while participating in the above activity or event. It is understood that the City of Vacaville provides no medical insurance for such treatment and that any such cost thereof will be at the undersigned's expense.

I have read and understand the instructions and any additional information attached. I understand that this form is an application for space only, and is not an offer by the City of Vacaville to rent space. I certify that all information contained in this application to be true and accurate to the best of my knowledge.

Signature _____ Date _____

Printed Name _____

Office Use Only	Date Received _____	Approved _____	Denied _____
____ Completed application form (all questions must be answered & application signed)			
____ Complete list of items to sell or promote (use backside of app. or attach separate page)			
____ Recent photo of booth & product display (photos will not be returned)			
____ Copy of California Seller's Permit ____ Copy of Business Lic. or 501c3 letter			
____ Copy of general & product insurance, listing City as also insured			
____ Food concessions: addendum & supporting documentation			

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Food Concessions Addendum

BUSINESS INFORMATION

Business Name _____

Name of Applicant _____ Owner? Yes No

Solano County Health Permit # _____

On-site Contact _____ On-site Contacts Cell # _____

Address _____

City _____ State _____ Zip _____

Business Phone () _____ Fax () _____

E-mail address _____ Web Site _____

UTILITY REQUIREMENTS

Please provide "real" numbers running at maximum capacity. If we are not informed of proper requirements, we may not be able to provide service – **BE SPECIFIC.**

Max 50 ft 10 gage AW extension cord required for power.

Stand/Trailer: Voltage _____ Phase _____ Amps _____

Refrigerator: Voltage _____ Phase _____ Amps _____

Other: _____ Voltage _____ Phase _____ Amps _____

Stock Truck: Voltage _____ Phase _____ Amps _____

NOTE: No running water or sewer available. Vendor responsible for all adapters

DIMENSIONS

Provide accurate dimensions of front & depth footage required when set up (including all awnings, counters and back area). *Provide diagram of full set up as indicated on the next page to help us configure accurate layouts

Check all that apply: Cart Tent Stand/Trailer: End Serve Side Serve Counter Service

Booth: Width _____ x Depth _____

NOTE: Location of hitch must be marked on diagram

Food Vendor Attachments

____ Upon approval send in a copy of: Solano County Health Permit (FOOD CONCESSIONS ONLY)

____ Copy of Food Handler's Certificate (FOOD CONCESSIONS ONLY)

____ Menu: list all food and drink items with sizes and prices

____ Recent photos of stand (show different views in full-service mode).
(ATTACH: photos will not be returned)

____ Diagram of stand including all dimensions of full set up

Addendum for food concessions only. This form MUST be submitted along with the vendor application as well as BOTH required vendor and food concession documents.

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