

CESAR E. CHAVEZ HOLIDAY PARADE & FESTIVAL 2017

Event Date: Saturday, April 29, 2017 **Time:** 11:00 a.m. to 6:00 p.m.

Location: 24th Street/Folsom-Bryant, San Francisco



Photo credit: John Kouns

VENDOR APPLICATION

Org./Business _____

Contact _____ Phone (Daytime): _____

Address _____ City _____ State _____ Zip _____

Cell No. _____ Email _____

Non-Profit? Yes _____ No _____ **501 (c) 3 number** _____

List all items to be sold. No substitutions allowed:

Sales Amount

1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____

Limited amount of tables/chairs available for rental. No electricity is provided. Payment in full must be enclosed with application or it will not be processed.

10x10 Space **(Info only)** No. of spaces _____ @ \$75.00 ea. _____ \$ _____

10x10 Space **(For non-profits info. only)** No. of spaces _____ @ \$50.00 ea. _____ \$ _____

For Sale of Merchandise: Space only

10 x10 Space **(Business)** No. of spaces _____ @ \$300.00 ea.* _____ \$ _____

10x10 Space **(Community)** No. of spaces _____ @ \$200.00 ea.* _____ \$ _____

10x10 Space **(Non-Profits)** No. of spaces _____ @ \$150.00 ea.* _____ \$ _____

**Including \$50 deposit*

Rentals:

10x10 Tent Rental No. of tents _____ @ \$200.00 ea. _____ \$ _____

Table Rental No. of tables _____ @ \$25.00 ea. _____ \$ _____

Chair Rental No. of chairs _____ @ \$10.00 ea. _____ \$ _____

Insurance: Anyone performing any kind of medical procedures, i.e., AIDS testing, diabetes testing, chiropractic adjustments, piercing or any other kind of medical procedure, must provide liability insurance and name **"Cesar E. Chavez Parade & Festival"** as an **"additionally insured"**.

This agreement is subject to acceptance by the **Cesar E. Chavez Parade & Festival**. Vendor must return this application signed and dated by authorized personnel. Failure to do so will result in automatic rejection of application.

Cancellation or withdrawal: There will be no refund of fees under any circumstances. It is further understood and agreed if applicant should fail, neglect or refuse to pay their agreement fees, applicant will not be permitted to open in said place. **Cesar E. Chavez Parade & Festival** shall retain all monies paid herein in liquidated damages. Also, vendor can only sell items/merchandise that have have been authorized. Any that have not will be removed immediately from space.

Vendor's signature _____ **Date**

For official use only:

Date processed _____

Amount \$ _____

Balance owed \$ _____

Insurance rec'd _____

Make check(s) payable to: CEC Parade & Festival

Mail to: 2929 - 19th Street, San Francisco, CA 94110

More information: Ph: 415-621-2665

cesarchavezday@gmail.com www.cesarchavezday.org