

Grape Day Festival October 7, 2017

Vendor Information Sheet

Fee Schedule

Food	\$175	Size 10x20
Arts & Craft	\$75.00	Size 10x10
Commercial	\$75.00	Size 10x10
Non Profit	\$35.00	Size 10x10

Business license fee included in above fee

Booth Application- see application form

Submit your completed application with full payment and a stamped, self-addressed envelope to:
Escondido History Center, P.O. Box 263, Escondido, CA 92033

Art/Craft/Commercial Vendors are defined as any vendor who has a product or service to market/sell.

Application Deadline for Food vendors, Friday, September 1 – All other vendors, Friday, September 15. Applications received beyond deadline will be accepted on a space available basis. A map of the park with your allotted booth will be **mailed 10 days** before the festival.

Application Priority and Approval—Final application approval will be the responsibility of the Grape Day Festival Committee. Applications, upon receipt, will be date stamped. Selection will be on a first come, first served basis. In the craft area, preference will be given to those items that have been “hand-crafted”.

Fee Schedule—The fee schedule shown above is based on a space approximately 10’x10’ or 10’x20’ in size. Because of the limited area, no more than two exhibitors may display in a single area.

Electricity—If the booth requires electricity the vendor is responsible for bringing a heavy-duty extension cord, which must be taped down, and fire department approved or providing a generator at your own expense. Again, all safety precautions must be observed. Please indicate if electricity is needed in the space provided on the application.

Hours/Schedule—Festival hours are from 2 pm to 8 pm. Set-up time will be assigned on confirmation.

Taxes—Resale number should be provided on application. Vendors are responsible for collecting and reporting sales tax.

Permits/Certificates – Food Vendors are responsible for health permits. All permits must be posted in food booth. A certified fire extinguisher is required by the fire marshal.

Confirmations/Refunds—Confirmations will be mailed 10 days before the Festival. No refunds will be made after September 15, 2017.

Booth set-up— Each vendor will be responsible for providing their own equipment including tables, chairs, canopy, display panels etc.

Each vendor is responsible for clean-up and disposal of trash
No commissions will be charged on any sale

Please keep this document for your information



Escondido Grape Day Festival Vendor Application



Date: Saturday, October 7, 2017
Time: 2:00pm-8pm
Location: Grape Day Park, 321 N. Broadway, Escondido CA 92025
Phone: (760) 743-8207

Food _____ Arts/Craft _____ Commercial _____ Non-profit _____
Phone No _____ Email _____
Business Name _____
Contact Name _____
Address _____
City _____ State _____ Zip _____
of spaces needed _____ Resale No. _____
Electricity _____ (limited spaces available) Volts/Amps? _____ Amount enclosed \$ _____
Describe type of item to be sold. Food application; please include type of food and a **copy of health permit**.

General Application Deadline: Friday, Sept 15, 2017
Food Vendor Application Deadline: Friday, Sept 1, 2017
All space assignments will be on a first come, first serve basis.

I agree to waive, release, indemnify and hold harmless the Escondido History Center and its officers, agents, contractors, and employees from and against any and all claims, costs of liabilities, expenses or judgments, including attorney’s fees and court costs arising out of my participation in this event and any illness or injury therefrom, except injury deliberately or willfully caused. I recognize that the event can be dangerous to me and accept those dangers. I understand that if I am injured this waiver will be used against me and anyone else claiming damages because of my injury, in any legal action. I also understand that this waiver cannot be modified or changed.

Signature _____ Date _____

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Make checks payable to the Escondido History Center

IF PAYING BY CREDIT CARD; PLEASE COMPLETE FOLLOWING:

Visa _____ MC _____ Amount \$ _____
Credit Card # _____ CVC: _____ Exp. _____
Name on Card _____ Billing Address & Zip Code _____

Telephone inquiries to EHC office at 760 743-8207