

Please submit completed form to:

Kennedy & Associates
ATTN: Harbor Days
P.O. Box 2817, Vista, CA 92085
(760) 945-9288 (Ph) • (760) 305-7750 (Fax)
Info@KennedyFaires.com
www.kennedyfares.com



September 16-17, 2017

OFFICE USE ONLY

Date Received: _____

Amount enclosed: _____

Form of payment: _____

Booth assigned: _____

Arts, Crafts and Trade Vendor Application

BUSINESS INFORMATION

Business Name: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternative Phone: _____

Email: _____ Website: _____

SELLER'S INFORMATION

Seller's Permit and/or proof of Non-Profit status are required and must be submitted.

Seller's Permit Number: _____ Non Profit Number: _____ (if applicable)
(please provide a copy)

BOOTH INFORMATION

Prices are for both days!

Non Profit-501(C)(3) Only: Proof of non-profit status required (No Selling) Chamber Member: \$150.00
Non-Chamber Member: \$250.00

Chamber Member: (Craft) 10x12 Space \$250.00

Chamber Member: (Business) 10x12 Space \$300.00

Non-Chamber Member: (Craft) 10x12 Space \$325.00

Non-Chamber Member: (Business) 10x12 Space \$650.00

Corner Booth (Separate check to be returned if not available): \$100.00

Electricity (Limited Availability): **\$100.00** Amps required? _____ \$10 extra for every 10 amps over 20 amps _____

Number of spaces requested: _____ **Space only! You must provide your own canopies, tables and chairs!**

PAYMENT INFORMATION

Total Amount Enclosed: _____

Please complete this form and return with your application fee. Incomplete applications will not be considered. Space confirmations will be sent one month prior to event.

Send to: Kennedy & Associates, Attn: Harbor Days, P.O. Box 2817, Vista, CA 92085

Enclose: Checks/Money Orders payable to the Oceanside Chamber of Commerce.

Photo(s) of the products you are selling, with **MUST** match items described on Application.

Photo copies of: Seller's Permit, Health Permit, and Liability Insurance (REQUIRED)

Payment: If paying by MasterCard, Visa or American Express:

Name on Card: _____ Billing Zip Code: _____

Card Number: _____ Exp. Date: _____ CVV Code: _____

Address ALL Inquiries To:

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PRODUCT INFORMATION

Please Note: The sale of Live Animals or Weapons (knives, swords, guns, etc.) is not permitted. No tobacco, tobacco/ drug paraphernalia or any item that promotes the use of any Federally Controlled Substance, including Marijuana, is prohibited from being sold.

Description of Items,
Products or Services:

All products/services that you would like to sell must be listed in the space provided. Product information must be specific. The Oceanside Chamber of Commerce reserves the right to approve the products the products a vendor sells. Please enclose a photo of your booth display.

RELEASE OF LIABILITY

As consideration for being permitted by the Oceanside Chamber of Commerce, the City of Oceanside, the Small Craft Harbor District, Kennedy & Associates or any of their affiliated organizations to participate in these activities and/or use their facilities, I hereby agree that I, my heirs and assignees, will not make claim against, sue or attach the property of the Oceanside Chamber of Commerce, the City of Oceanside, the Small Craft Harbor District, Kennedy & Associates or any of their affiliated organizations, for injury or damage resulting from the negligence or other acts by any employee, agent or contractor of Oceanside Chamber of Commerce, the City of Oceanside, the Small Craft Harbor District or any of their affiliated organizations as a result of my participation in the activities described on the front of this application. I hereby release the Oceanside Chamber of Commerce, the City of Oceanside, the Small Craft Harbor District, Kennedy & Associates or any of their affiliated organizations from all actions, claims or demands that I, my heirs and assignees, now have or may have in the future for injury or damage resulting from my participation in the activities described on the front of this application. I am aware that this document constitutes a release of liability and agreement between myself and the Oceanside Chamber of Commerce, the City of Oceanside, the Small Craft Harbor District, Kennedy & Associates or any of their affiliated organizations by my signature on this application, I further represent that this release is made of my own free will. No refunds within 30 days of the event, or in case of inclement weather, acts of nature, or restrictions by government agencies over which the Oceanside Chamber of Commerce or Kennedy and Associates has no control. Booth cancellations received before 30 days of the event are assessed a \$30.00 cancellation fee.

Signed: _____ Printed Name: _____ Date: _____

I have read and understand the 'Release of Liability' above and the accompanying information and agree to adhere to the rules and regulations.

Signed: _____ Position/Title: _____ Date: _____

Application may be filled out electronically then printed by selecting '**Print Form**'

Print Form