

Please submit completed form to:

**Kennedy & Associates**  
Attn: Harbor Days  
P.O. Box 2817  
Vista, CA 92085  
(760) 945-9288 (Phone)  
or Fax To: (760) 305-7750



**September 16-17, 2017**

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Amount enclosed: \_\_\_\_\_  
Form of payment: \_\_\_\_\_  
Booth assigned: \_\_\_\_\_

## Food/Concessions Vendor Application

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

### SELLERS INFORMATION

**Each applicant MUST enclose and return the following documents:**

Completed Application: \_\_\_\_\_ Payment in Full: \_\_\_\_\_  
Health Permit: \_\_\_\_\_ Liability Insurance: \_\_\_\_\_ Seller's Permit: \_\_\_\_\_

### BOOTH INFORMATION

**Prices are for both days!**

<b>Booth Size: (circle one)</b>	<b>10x15 Space</b>	<b>10x20 Space</b>	<b>Amount Due</b>
Chamber Member	\$450.00	\$550.00	\$ _____
Non-Chamber Member	\$700.00	\$800.00	\$ _____
3-Compartment Sink Fee (San Diego Health Department Requirement) (The fee is waived for vendors that provide their own 3-Compartment Sink)			\$100.00
Electricity (Limited Availability) \$100.00			
Amps required? _____ \$10 extra for every 10 amps over 20 amps			\$ _____

### 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:

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



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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**