

4TH OF JULY CELEBRATION TWENTYNINE PALMS, CA

THURSDAY, JULY 4, 2019 4:00PM — 10:00PM



Vendor Application

Name of Business/O	rganization	 · · · · · · · · · · · · · · · · · · ·	····	
Contact Person				
Address				
Email Address				
Phone Number				
Items to be sold:				

Vendors agree to comply with all local and county laws and regulations. ALL vendors are required to obtain a Seller's Permit from the California State Board of Equalization.

ALL vendors selling food/beverage items must be in possession of a current San Bernardino County Health Department permit. We recommend you familiarize yourself with the most current vendor requirements via the County's website: www.sbcounty.gov/dehs. Note: All food vendors must provide their own hand-washing sinks in their booths. Ware-washing sinks will NOT be provided by the event organizer.

This application along with payment in full, copies of all applicable permits, and proof of liability insurance (naming Reach Out Morongo Basin and the City of Twentynine Palms as additionally insured) must be received PRIOR to the event to guarantee participation. We reserve the right to refuse any vendor.

> >>> The event is taking place in Luckie Park in Twentynine Palms <<< >>> Setup time begins at 1:00pm <<<

Health Certificates

All booths preparing, selling, or giving away food are required to have a Health Certificate from San Bernardino County. To obtain one, contact:

San Bernardino County Department of Environmental Health Services 385 North Arrowhead Avenue San Bernardino, CA 92415 www.sbcounty.gov/dehs

(800) 422-2283

>>> Be prepared to be inspected by a San Bernardino County Health Department Official.

Seller's Permit

All vendors are required to have a Seller's Permit from the State of California. To obtain one, contact:

State of California Board of Equalization 3737 Main Street, Suite 1000 Riverside, CA 92501-3394 (951) 680-6400

>>> Be prepared to be inspected by a State of California Board of Equalization representative.

Vendor Requirements

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California Seller's Permit #	
*Occasional sellers and exempt organizat	ions (typically Informational Only) must provide: name, ad-
dress, and driver's license number of resp	onsible person:
Name	D.L. #
Address	
Health Permit # (Food Vendors Only)	
Business License #	
Insurance Carrier	Policy #
2. All Food Vendors \boldsymbol{must} cover the gro	und and have a canopy, have a source to keep food cold
	e compartment sink in compliance with health codes, use ealth Dept.), and provide napkins, paper plates, and plastic
3. Fire extinguishers are REQUIRED BY other flammable or combustible substance	LAW for any vendor using a generator, propane tanks, or es.
are requested to supply their own power. at least 100' in length. Please indicate if y prepared in case of wind.	d equipment including booths, tables, chairs, etc. Vendors Electrical hookups are limited. Extension cords should be ou will need 220 volt service. Weather is unpredictable, be
spaces, sidewalks, or roadways. Extra sup 6. Vendor setup begins at 1:00pm. Be	assigned space. DO NOT encroach upon adjacent vendor oplies and equipment must be stored OUT OF SIGHT. The setup before the start of the event. Vendors cannot shut any reason without prior written authorization from Reach
7. Washing of vehicles, trailers, or motor h	nomes is NOT allowed on park grounds.
ing of merchandise may temporarily park	A limited number of vehicles needed for loading and unload- on Luckie Avenue but must be removed before 4:00pm . munity Center. DO NOT DRIVE THROUGH THE MIDWAY
•	roughout the event. You must clean your space before de- he large dumpsters provided. DO NOT fill smaller trash re-
□ Food Vendor (10' x 10' space) \$50 □ Non-Food Vendor (10' x 10' space) \$35 □ Non-Profit/Information Only (10' x 10' space) □ Check here if you will need an additional □ Check here if you will need electricity	

Make checks payable to: Reach Out Morongo Basin P.O. Box 2225 Twentynine Palms, CA 92277 <u>Refund Policy</u>: No refunds will be issued due to inclement weather or acts of nature occurring during the event. However, should the event be cancelled prior to opening, the vendor will be refunded the entire amount paid. This refund will be paid by mail within 30 days of the event.

Return Check Policy: Check returned from financial institutions for any reason will be charged a

\$25.00 fee and vendor will not be allo have been paid in full.	wed to participate in this event or future events until all fees
Reach Out Morongo Basin, their office against any and all damage, injury, loss, other expenses of any nature whatsoever	agree to hold harmless the City of Twentynine Palms and rs, employees, representatives, and agents harmless from and liability, cost, legal expense, fines, penalties, surcharges, and/or arising from or related to said activity including party's acts and/or on of said party's officers, employees, contractors, assignees, rep-
Please initial: Participants, by execution of	this entry form, release and discharge all above sponsors, their
members, agents, employees, volunteer nected with the management or presenta that the participants or entrants, guests, any known or unknown damages, injurie entrants' involvements on the July 4, 2019 I understand that at this event photo, video, or film likeness to be used sors, organizers, and assigns, without any I understand that should I set u other individuals, and property at the eve minimum of 40 lbs. per leg, or 160 lbs. to a street or sidewalk.	s, and/or the employees, representatives, and anyone else contion of the 4th of July Celebration, from and against all liability loss including family and relatives, may sustain or incur as a result of es, or claims, demands, or judgments arising from participants' or 9 4th of July Celebration. It or related activities, I may be photographed. I agree to allow my for an legitimate purpose by the event holders, producers, spon-
Signature	Date:
REACI TWEN	LICATIONS AND CHECKS BY MAIL TO: H OUT MORONGO BASIN P.O. BOX 2225 TYNINE PALMS, CA 92277 FAX: (760) 361-5206 RDINATOR29@REACHOUT29.ORG
OFFICE USE ONLY	
	Date:
Initial Receipt of: Seller's Permit # Payment Method: □ Cash □ Check #	Date: Date: Insurance Policy # Credit/Debit Total Amount: \$