

Join us in bringing our community together! Your business or organization is invited to take part in our upcoming events and connect with local residents. Please indicate the events your organization or business would like to participate in. Complete and return this form along with payment and any required insurance and/or health permits. An event coordinator will follow up with additional details. A confirmation receipt is required prior to the event.

Event	Date	Location	Event Time <i>Subject to change</i>	Set-up/ Teardown <i>Subject to change</i>	Estimated Attendance	Additional Info	Pricing
Independence Day Festival	Friday, July 4	Recreation Park 208 Park Ave.	6PM - 10PM	4:00PM - 5:00PM (set-up) 10PM (teardown)	2000		<input type="checkbox"/> \$25 Non-Profit & Info Booth <input type="checkbox"/> \$50 Commercial Sales Vendor <input type="checkbox"/> \$120 Food Vendor
Summer Movie Nights SOLD OUT	<input type="checkbox"/> Friday, July 18 <input type="checkbox"/> Friday, July 25 <input type="checkbox"/> Friday, August 1	<ul style="list-style-type: none"> Recreation Park Pioneer Park Recreation Park 	7PM - 10PM	6:00PM - 6:30PM (set-up) 9:00PM (teardown)	300	Price is PER DATE. Choose date(s) and list total in Pricing column	<input type="checkbox"/> \$10 Non-Profit & Info Booth <input type="checkbox"/> \$35 Commercial Sales Vendor
Summer Concerts SOLD OUT	<input type="checkbox"/> Saturday, August 16 <input type="checkbox"/> Saturday, August 23	Recreation Park 208 Park Ave.	7PM - 9PM	5:30PM - 6:00PM (set-up) 9:00PM (teardown)	300	Price is PER DATE. Choose date(s) and list total in Pricing column	<input type="checkbox"/> \$10 Non-Profit & Info Booth <input type="checkbox"/> \$35 Commercial Sales Vendor <input type="checkbox"/> \$120 Food Vendor (LIMIT 2)
City's 114 th Birthday	Saturday, August 30	Casa De Lopez Adobe 1100 Pico St.	6PM - 9PM	4:00PM - 5:00PM (set-up) 9:00PM (teardown)	1000		<input type="checkbox"/> \$10 Non-Profit & Info Booth <input type="checkbox"/> \$35 Commercial Sales Vendor <input type="checkbox"/> \$120 Food Vendor (LIMIT 2)
Día de los Muertos Celebration	Saturday, October 25	Recreation Park 208 Park Ave.	11AM - 4PM	8:00AM - 9:00AM (set-up) 4:00PM (teardown)	1000		<input type="checkbox"/> \$20 Non-Profit & Info Booth <input type="checkbox"/> \$40 Commercial Sales Vendor <input type="checkbox"/> \$120 Food Vendor
Holiday Tree Lighting	Saturday, December 6	San Fernando Mall	6PM - 10PM	3:30PM - 4:30PM (set-up) 10:00PM (teardown)	2000		<input type="checkbox"/> \$25 Non-Profit & Info Booth <input type="checkbox"/> \$50 Commercial Sales Vendor
						Total: _____	

Additional Information

BUSINESS LICENSE REQUIREMENT - If you are a selling vendor, you must turn in your business license with your application. For cost and purchase information, please visit sanfernando.hdlgov.com. Please select the "SPECIAL EVENTS VENDOR" on the drop-down menu when asked for business type. **Applications will not be accepted without license.** For questions regarding a business license, please call support at (818) 898-1211.

FOOD VENDORS: LA County Food Application must be submitted with vendor application and payment. To receive a copy of the LA County application, please call or email us. All LA County health and safety guidelines will be strictly enforced at all times.

Please make check payable to: City of San Fernando

Send Check Payments to*:

City of San Fernando
Department of Recreation and Community Services
c/o Marisol Diaz

208 Park Avenue, San Fernando, CA 91340

**Payment may also be made via Credit Card; please call 818.898.1290 during business hours and notify staff for which event/s you are making a payment.*

Federal Tax ID # 95-60007779

(Charitable contributions to governmental units may be tax deductible under section 170 (c) (1) of the Internal Revenue Code if made for public purpose.)

VENDOR INFORMATION

Company Name: _____

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

Company Phone: _____ Company Email: _____

Name of Contact Person: _____ Alt. Email: _____

Name of Person Attending (First & Last Name): _____ Cell Phone: _____

Display/Product Description: _____

Non-Profit ID Number (if applicable): _____

Copy of City of San Fernando Business License attached? (if applicable): ☐ Yes ☐ No (application will be pending until received)**FOOD VENDOR TYPE:**☐ Food Truck (copy of LA County Health Permit, if applicable) ☐ Temporary Food Facility (TFF - Copy of completed form required)**VENDOR AGREEMENT****PLEASE INITIAL EACH LINE TO CONFIRM YOU HAVE READ AND AGREED TO THE FOLLOWING:**

_____ I will provide an engaging activity for children at my booth (food vendors exempt).

_____ I am responsible for bringing a **10' X 10' canopy, table, chairs, and weights** as part of my set-up._____ I will have my booth set up at the time staff indicates and **will not leave until the event time ends** or risk future vending opportunities.*An email will be sent out with event information prior to event date.*

_____ I will not distribute or sell items that have not been pre-approved by the event organizers. Staff reserves the right to remove any materials considered non-compliant.

_____ I understand no refunds will be made to exhibitors who fail to occupy space or cancel **48 hours prior** to event day. Events take place rain or shine and are NON-TRANSFERABLE.

_____ I understand that cooking vendors must comply with the Los Angeles County Health Department regulations (see Additional Information section).

_____ I am responsible for maintaining area clean and will discard all trash before departing.

I understand that failure to adhere to all Rules and Regulations will result in my dismissal from any and all events. I hereby acknowledge that the individual(s) named below and on the Vendor Application is (are) not covered by any medical insurance policy by the City of San Fernando. It is the responsibility of the parent, legal guardian or individual to acquire the necessary medical insurance policy. In consideration, I (we) do release the City of San Fernando, their officers, agents or employees, from all liability, demands or claims for loss, damage or injury resulting from participation in the listed activities.

I understand that the above enrolled participant (s) may be photographed by the City of San Fernando for publicity purposes.

Vendor Signature: _____

Print Name: _____ Date: _____