



**VALLEJO JUNETEENTH APPLICATION**

Saturday, June 15, 2024 | 11 a.m. - 5 p.m. | Barbara Kondylis Waterfront Green  
301 Mare Island Way, Vallejo CA 94590

Mailing Address: AAFRC | 164 Robles Way, #399, Vallejo, CA 94591 | [aafrc@vallejojunteenth.com](mailto:aafrc@vallejojunteenth.com) | [www.vallejojunteenth.com](http://www.vallejojunteenth.com)

**TO BE A JUNETEENTH PARTICIPANT:**

- By **May 15, 2024** - Submit a completed Juneteenth application, see below – Ways to Submit Juneteenth Applications
- By **May 15, 2024** - provide insurance coverage, see below – Ways to Obtain Required One-Day Event Insurance Coverage

**WAYS TO SUBMIT JUNETEENTH APPLICATIONS:**

- ONLINE** - go to our website at [www.vallejojunteenth.com](http://www.vallejojunteenth.com), complete the application and pay with PayPal
- US MAIL** – print, complete and mail this application along with a personal or business check, Cashier's Check or Money Order (MO). Make check or MO payable to AAFRC and mail to [AAFRCP. O. Box 5196, Vallejo, CA 94591](mailto:AAFRCP.O.Box5196@vallejojunteenth.com).

**No refunds will be issued under any circumstances ▪ There is a \$50 charge for checks returned non-sufficient funds (NSF).**

**WAYS TO OBTAIN REQUIRED ONE-DAY EVENT INSURANCE COVERAGE:**

- PROVIDE A COPY OF YOUR OWN INSURANCE** via email: [djordanvp@junteenthvallejo.org](mailto:djordanvp@junteenthvallejo.org) OR Fax to (707) 642-2593. See page 2 of this application for required insurance levels and additional insureds.
- PURCHASE ONE-DAY EVENT INSURANCE ONLINE AT OUR WEBSITE** – go to [www.vallejojunteenth.com](http://www.vallejojunteenth.com), click on the Insurance Link and follow instructions. After you input your information you will receive an instant quote. If you select this insurance you may pay with your bank account or credit card. **Upon acceptance, you will receive your Certificate of Insurance via email.** See page 2 for eligibility.

Name of Business or Organization (Print Clearly) \_\_\_\_\_

Description of product/service/program: \_\_\_\_\_ *No electricity provided-(SEE PAGE 2★)*

Business Address: \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Contact Person (Please print clearly) \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email (Required) \_\_\_\_\_ Nonprofit/Gov. TIN/EIN# (Required) \_\_\_\_\_

CHECK APPROPRIATE BOXES IN SECTION 1 OR 2, SIGN BELOW, RETURN WITH ALL FEES AND CERTIFICATE OF INSURANCE by 5/15/2024				
<b>SECTION #1 – Community Partner</b>  <input type="checkbox"/> <b>Community Partner</b> Any business, organization or individual can be Community Partner <input type="checkbox"/> Please check here if you also plan to <b>participate</b> as a vendor or exhibitor, if so the applicable space fee in Section 2 below is included in your contribution. <b>Contact: Loretta Gaddies 707-654-2346</b>	<input type="checkbox"/> <b>\$250</b> Contribution  <b>BENEFITS</b> Your business, organization or individual name/logo will be on the Juneteenth website	<b>CATEGORY</b>  <b>Community Partner Select Below</b>	<b>INSURANCE</b> Is required if you checked the box to participate  <b>BUSINESS LICENSE</b> Is require to sell merchandise or food (See page 2)	<b>Amount enclosed</b>  \$ _____
<b>SECTION #2 – Vendors and Exhibitors</b>	<b>SPACE FEE/BUSINESS LICENSE</b>	<b>CATEGORY</b>	<b>INSURANCE</b> <b>Required Coverage Levels For All Vendors/Exhibitors</b>	<b>TOTAL FEES</b>
<input type="checkbox"/> <b>PRE-PACKAGED FOOD /MERCHANDISE VENDORS. SALES</b> <b>Contact: Micah Thompson, m.junteenth@gmail.com</b>	<input type="checkbox"/> <b>\$75</b> space fee Business License Required (See page 2)	<b>CATEGORY 1</b>	See page two of this application	<b>Amount</b> \$ _____
<input type="checkbox"/> <b>(PREPARED AT EVENT) FOOD VENDOR, SALES</b> Must obtain a Food Vendor Permit directly from Solano County, ph. (707) 784-6765. Complete & return county application to Solano County. Complete & return Juneteenth app. to AAFRC <b>Contact: Anjanette Ellison, 510-734-7677</b>	<input type="checkbox"/> <b>\$200</b> space fee Business License Required (See page 2)	<b>CATEGORY 1</b>	See page two of this application	<b>Amount</b> \$ _____
<input type="checkbox"/> <b>INFORMATION EXHIBITOR, NONPROFIT, NO SALES, TIN/EIN required</b> (Private, Public, State, County Agency)	<input type="checkbox"/> <b>\$25</b> space fee	<b>CATEGORY 2</b>	<b>Cert. of Ins. required</b> (see pg2)	<b>Amount</b> \$ _____
<input type="checkbox"/> <b>INFORMATION EXHIBITOR, FOR PROFIT - SALES</b> <input type="checkbox"/> <b>INFORMATION EXHIBITOR, FOR PROFIT - NO SALES</b> <b>Contact Tosha Cotright-Davis 510-706-8843</b>	<input type="checkbox"/> <b>\$75</b> space fee  <input type="checkbox"/> <b>\$75</b> space fee	<b>CATEGORY 3</b>	See page 2 of this application	<b>Amount</b> \$ _____
<input type="checkbox"/> <b>HEALTH EXHIBITOR, NO SALES, NO MEDICAL SERVICES</b> <input type="checkbox"/> <b>EDUCATION EXHIBITOR, NO SALES</b> (educational entity or training school) <b>Contact: Sandra Stowes 707-704-8218</b>	<input type="checkbox"/> <b>\$25</b> space fee <input type="checkbox"/> <b>\$25</b> space fee	<b>CATEGORY 2</b>	<b>Cert. of Ins. required</b> (see pg2)	<b>Amount</b> \$ _____
<input type="checkbox"/> <b>Enclosed is a donation in support of Vallejo Juneteenth</b>			Minimum donation \$25	<b>\$</b> _____



**OBTAIN THE REQUIRED INSURANCE – REQUIRED FOR ALL VENDORS**

To be a participant at Vallejo Juneteenth all vendors and exhibitors must purchase one-day insurance coverage through AAFRC or provide a Certificate of Insurance **BASED ON THE BELOW CATEGORIES**. Failure to provide insurance will result in an incomplete application until confirmation of insurance is received. **Submit Proof of Insurance with required coverage levels for the day of the event no later than May 15, 2024.**

**OBTAIN A TEMPORARY BUSINESS LICENSE – THE CITY OF VALLEJO REQUIRES ALL VENDORS WHO SELL MERCHANDISE OR FOOD TO PROVIDE A BUSINESS LICENSE** To apply, go to the City of Vallejo website [vallejo.hdlgov.com](http://vallejo.hdlgov.com) to purchase a 30 day temporary license - Select Apply, then Begin, then Business Type – Scroll down to Vendor-Temporary, then for Location select Outside and complete the application. The cost is approx. \$30, you will receive the amount after approval. *For technical issues call the City of Vallejo Business Support Center at (707) 302-6074.*

Please email a copy of your [INSURANCE](#) AND Temporary [BUSINESS LICENSE](#) to [djordanvp@juneteenthvallejo.org](mailto:djordanvp@juneteenthvallejo.org)  
 OR Fax to (707) 642-2593

CATEGORY	INSURANCE COVERAGE LEVELS REQUIREMENTS (A) & (B) FOR ALL VENDORS	TEMPORARY / BUSINESS LICENSE REQUIRED FOR ALL VENDORS WHO SELL MERCHANDISE OR FOOD	CHECKLIST
<p><b>CATEGORY 1 &gt;&gt;&gt;</b>  <b>SALES ONLY</b>  <i>*Insurance Available for Purchase (See below)</i>            Pre-Packaged Food            Prepared at Event Food            Information            Merchandise</p>	<p align="center"><b>(A)</b></p> <p>Certificate of Insurance (COI) for the day of the event (<b>June 15, 2024</b>) showing liability coverage of at least \$1,000,000 (one million dollars) general liability and \$2,000,000 (two million dollars) general aggregate.</p>	<p>To apply, go to the City of Vallejo website <a href="http://vallejo.hdlgov.com">vallejo.hdlgov.com</a> to purchase a 30 day temporary license - Select Apply, then Begin, then Business Type – Scroll down to Vendor-Temporary, then for Location select Outside and complete the application. The cost is approx. \$30, you will receive the amount after approval. <i>For technical issues call the City of Vallejo Business Support Center at (707) 302-6074.</i></p>	<p><input type="checkbox"/> Complete Juneteenth Application  <input type="checkbox"/> Purchase / Submit Insurance (A) &amp; (B)  <input type="checkbox"/> Obtain / Submit Business License  <b>All Due By May 15, 2024</b></p>
<p><b>CATEGORY 2 &gt;&gt;&gt;</b>  <b>NO SALES</b>  <i>*Submit Certificate of Insurance (See below)</i>            Nonprofit            Health / Medical Education            Exhibitors</p>	<p align="center"><b>(B)</b></p> <p>Submit a complete copy of the additional endorsement page naming <b>Additional Insured / Certificate Holder</b> as follows: “the City of Vallejo, their directors, employees and/or agents; AND African American Family Reunion Committee.”  <b>Address:</b> “ City of Vallejo, 555 Santa Clara Street, Vallejo, CA 94590.”</p>	<p align="center"><b>Please email a copy of your Business License to <a href="mailto:djordanvp@juneteenthvallejo.org">djordanvp@juneteenthvallejo.org</a> OR Fax to (707) 642-2593</b></p>	<p><input type="checkbox"/> Complete Juneteenth Application  <input type="checkbox"/> Purchase / Submit Insurance (A) &amp; (B)  <b>All Due By May 15, 2024</b></p>
<p><b>CATEGORY 3 &gt;&gt;&gt;</b>  <b>SALES or NO SALES</b>  <i>*Submit Certificate of Insurance (See below)</i>            Professional Services            Hair Cutting / Braiding            Cosmetology / Dentistry            Massage / Nails            Medical / Procedures / Et</p>	<p align="center"><i>For insurance questions contact: <b>Loretta Gaddies 707-654-2346</b></i></p>		<p><input type="checkbox"/> Complete Juneteenth Application  <input type="checkbox"/> Purchase / Submit Insurance (A) &amp; (B)  <input type="checkbox"/> Obtain / Submit Business License  <b>All Due By May 15, 2024</b></p>

**\*Purchasing Insurance:** Vendors/exhibitors **may purchase insurance coverage through AAFRC by going to [www.vallejojuneteenth.com](http://www.vallejojuneteenth.com), Click on the Insurance link and follow instructions.** After you input your information you will receive an instant quote. If you select this insurance you may pay with your bank account or credit card **OR** you may provide a Certificate of Insurance for one day liability coverage from your insurance provider. (See **NOTE** and required insurance coverage levels **A & B** in the chart above).

**\*Submitting Certificate of Insurance:** *Please contact your insurance agent or risk manager and add one-day liability coverage to your existing policy in the amounts shown below in A with the additional insureds and Certificate Holder as shown in B. When you receive your Certificate of Insurance please email it to Don Jordan: [djordanvp@juneteenthvallejo.org](mailto:djordanvp@juneteenthvallejo.org) OR Fax to (707) 642-2593*



VALLEJO JUNETEENTH APPLICATION – page 3

Saturday, June 15, 2024 | 11 a.m. - 5 p.m. | Barbara Kondylis Waterfront Green  
301 Mare Island Way, Vallejo CA 94590

**VENDOR/EXHIBITOR RULES AND INSTRUCTIONS AGREEMENT**

Please read and initial all items and sign below:

\_\_\_ **Initial** Sign in begins at 7:30 am.

\_\_\_ **Initial** All vendors and exhibitors must provide and set-up their own pop-up canopy, tables and chairs.

\_\_\_ **Initial** Upon arrival, report to the information table to check in and receive your assigned space assignment. The Juneteenth Committee will assign spaces based primarily on the vendor or exhibitor category.

\_\_\_ **Initial** **ALL VENDORS AND EXHIBITORS ARE REQUIRED TO BE COMPLETELY SET UP AND READY TO GREET VISITORS BY 10:45 A.M. NO VEHICLES ARE ALLOWED TO DRIVE ON THE GRASS OR CONCRETE WALKWAY (AREA BETWEEN THE WATER AND THE GRASS) FROM 10:45AM - 5:00PM** The event officially starts at 11 a.m. to allow visitors time to browse vendors and exhibitors' merchandise/info. The entertainment program begins at Noon.

\_\_\_ **Initial** Vendor/exhibitor responsibilities include decorations, set-up, dismantling and clean-up of the assigned 10 X 10 space. The Juneteenth Committee does not assist set-up or dismantling of exhibits and does not provide tools or supplies.

\_\_\_ **Initial** Each vendor space is exclusive and may not be shared with another vendor or exhibitor.

\_\_\_ **Initial** *Alcoholic beverages are not permitted to be sold or consumed in the park.*

\_\_\_ **Initial** ★ **Vendors and exhibitors that require electricity must bring their own properly grounded, quiet generator** which must be placed a safe distance from other vendors and visitors. Use of heat of any type must be accompanied by a fire extinguisher.

\_\_\_ **Initial** Potable water is available on-site.

\_\_\_ **Initial** Vendors or exhibitors that have not completed an application or paid for a space will not be allowed to participate in the event. Unauthorized vendors or exhibitors will be instructed to close down immediately.

\_\_\_ **Initial** Soliciting by anyone who has not paid for a vendor or exhibitor space is not permitted in the venue. Report solicitors to any Juneteenth associate or any security officer.

\_\_\_ **Initial** The Juneteenth Committee is not responsible for missing, stolen or damaged items. Vendors and exhibitors should affix identification labels to all display items, such as hangers, stands, racks, etc.

\_\_\_ **Initial** **The Juneteenth event ends at 5 p.m.** Everyone must be completely packed up and off the park lawn and sidewalks by 6 p.m.

I agree to indemnify and hold harmless the African American Family Reunion Committee (AAFRC/Solano County African Family Reunion Celebration Committee), its event staff/committee members, volunteers and contracted service providers, and the City of Vallejo, its officers, directors, employees and/or agents from any and all claims, causes of action, suits, damages, injury and losses to person or goods arising out of or in any way connected to the renting or assignment of space and/or acceptance thereof in the Juneteenth Celebration event. I agree to indemnify and hold harmless AAFRC, and the City of Vallejo from any claims arising from the acts of negligence of my representatives, agents or employees. I agree that photographs, slides, video and/or audio recordings of me, my employees or agents, vendor space and its contents may be used by AAFRC for promotional purposes on its website, all social media, electronic and print platforms in perpetuity. I have read and agree to abide by the rules and instructions agreement and instructions for participating in this event and the above statement. I understand that completing, signing and submitting this application constitutes a contract agreement. I warrant that I have the authority to bind this business to this agreement.

\_\_\_\_\_  
**Applicant/Representative Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**