

Vendor Fees: 10' x 10' space: Members: \$90.00 Non-Members: \$125.00
Non-Member Table Rental: $\$ 10.00$ per Table

Primary Vendor's Name: *
$\square$
First Name
$\square$
Last Name

Business Name:
$\square$
Email *
$\square$
example@example.com
Additional Vendor:
$\square$
Last Name

## Additional Vendor Email

$\square$
example@example.com
Primary Vendor Mailing Address *
$\square$
Street Address
$\square$
Street Address Line 2
$\square$
City
$\square$
State / Province
$\square$
Postal / Zip Code
Primary Vendor Phone Number *

## (000) 000-0000

Please enter a valid phone number.
Each Vendor is required to have and display their own valid California Seller's Permit. Provide Seller's Permit Number:
$\square$
Primary Vendors Seller's Permit Number.
Additional Vendor Seller's Permit Number:
$\square$
All Items to be sold must be hand-crafted by the vendor. No resale allowed. This will be
strictly enforced. Please check below to acknowledge that you understand there is no resale items allowed: *
$\bigcirc$ I Agree
Vendor must upload product images for review here: *
$\square$
Description of your booth setup: *
$\square$
Additional Vendor Product Images:
$\square$
Date *

## MM-DD-YYYY

Date
Vendor Signature: Signature acknowledges you agree to the terms and conditions of this application and have read and agree to our Vendor Rules/Guidelines located on our website *

