

Martinez Regional Shoreline Park

## 2018 SNACK FOOD VENDOR APPLICATION

King of the County BBQ Challenge & Music Festival

 Saturday
 June 16, 2018
 10 am to 6 pm

 Sunday
 June 17, 2018
 10 am to 5 pm

 10' x 10' Space \$350
 -or 10' Corner \$400

 Health Department Fee (additional)
 \$120

If your food is made or packaged outside of Contra Costa County, please attach the following: Restaurants and Caterers provide your Home County Health Permit. All others, provide a State Certificate as a Food Producer. If you have a food truck/trailer, provide a Trailer Health Certificate. PLEASE PRINT

| EXHIBITOR NAME         | BUSIN      | ESS NAME | 5 NAME     |                             |     |  |
|------------------------|------------|----------|------------|-----------------------------|-----|--|
| MAILING ADDRESS        |            | CITY     |            | STATE                       | ZIP |  |
| HOME PHONE             | CELL PHONE |          | FAX NUMBER |                             |     |  |
| EMAIL                  |            | WEBSITE  |            | CALIFORNIA RESALE LICENSE # |     |  |
| MERCHANDISE TO BE SOLD |            |          |            |                             |     |  |

VEHICLE LICENSE PLATE NO

VEHICLE TYPE AND COLOR

I understand that neither the Martinez Chamber of Commerce, sponsoring organizations, city or owner/managers of the show site are responsible for lost, stolen or damaged equipment or merchandise or accident/injury to me or my staff and do hold harmless any of the above individuals or businesses for any and all liability. This is a family oriented event and all merchandise and signage should be appropriate for such an event.

## THIS EVENT IS HELD RAIN OR SHINE. NO REFUNDS

EXHIBITOR SIGNATURE

(MUST BE SIGNED TO BE ACCEPTED)

DATE

## PAYMENT INFORMATION

|                                                                                                            | be made by check, money order, cashier's check o<br>Please make checks payable to the Martinez Cha |                     | will be processed upon |  |  |  |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------|------------------------|--|--|--|
| I have                                                                                                     | enclosed a check in the amount                                                                     |                     |                        |  |  |  |
| Please                                                                                                     | charge my credit card in the amount of<br>MasterCard                                               |                     |                        |  |  |  |
|                                                                                                            | Visa                                                                                               |                     |                        |  |  |  |
| CARD NUMBER                                                                                                |                                                                                                    | CVS CODE            | EXPIRATION             |  |  |  |
|                                                                                                            |                                                                                                    | ZIP CODE            |                        |  |  |  |
| CARDHOLDER S                                                                                               | SIGNATURE                                                                                          |                     |                        |  |  |  |
| MAIL COMPLETED APPLICATIONS BY MAY 25, 2018. A \$50 LATE FEE WILL BE ASSESSED IF MAILED AFTER MAY 25, 2018 |                                                                                                    |                     |                        |  |  |  |
| FINAL DEADLINE – MAY 25, 2018                                                                              |                                                                                                    |                     |                        |  |  |  |
| QUESTIONS? Please contact us at (925) 228-2345 or info@martinezchamber.com                                 |                                                                                                    |                     |                        |  |  |  |
|                                                                                                            | 603 Marina Vista, Martinez, CA 94553 FAX (925)                                                     | 228-2356 www.Martin | ezChamber.com          |  |  |  |