



Health Permit Payment Authorization Form

Please select the correct category fee for each show you are participating in and check the box. All exhibitors that are sampling in any way must choose the correct category/fee. This will be strictly enforced by Show Management and the Health Department. If paying by check, please remit form along with a check made out Harvest Festival®. **All payments are due by August 15th to avoid late fee.**

SHOW	FEES (CAT1)	✓	FEES (CAT2)	✓	VET	ANNUAL
LAS VEGAS	\$131	<input type="checkbox"/>	\$131	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COSTA MESA	\$66	<input type="checkbox"/>	\$127	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTURA	\$65.92	<input type="checkbox"/>	\$124.63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEL MAR	\$128	<input type="checkbox"/>	\$224	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLEASANTON	\$143	<input type="checkbox"/>	\$211	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAN MATEO	\$100	<input type="checkbox"/>	\$149	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SACRAMENTO	\$75	<input type="checkbox"/>	\$158	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAN JOSE	\$99	<input type="checkbox"/>	\$145	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POMONA	\$116	<input type="checkbox"/>	\$184	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL						

Name _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____

CC # _____ Exp. Date _____ CVV _____

Payment Amount Enclosed \$ _____

Signature _____