

~ VENDOR APPLICATION ~

Irvine Lake

1. **REQUEST FOR SPACE (NOT CONTRACT):** Please accept this Application for space as indicated below for the Irvine Lake events: **V-DRIVE, BLUES FEST, WOODSTOCK '69 AND HOT BOAT REGATTA**

PLEASE CHOOSE EVENT: _____

10'x10' BOOTH SPACE AVAILABLE FOR \$100 _____

10'x20' BOOTH SPACE AVAILABLE FOR \$200 _____

- Admission for (2) included with booth space rental, ***please provide your own tables, chairs, electricity** (whisper generators), **additional vendor staffing, beyond 2 staff members, \$10 per person.**
- FOOD & BEVERAGE-\$300 _____
- **Vendors must apply for food permit at least 2 week before event.** (City of Orange Health Department: 714.433.6000).

Total amount due: \$ _____

2. FULL PAYMENT (DUE UPON APPROVAL)

Attached to this application is a check for the cost of the total space requested. **MAKE CHECKS PAYABLE TO: IRVINE LAKE.** In U.S Dollars Only and Visa or MasterCard credit cards accepted in Contact name only.

3. ASSIGNMENT OF SPACE:

A. Requests for location of booth space may be made on attached page, however, booth space locations are not guaranteed.

B. If this Application is accepted, the applicant understands that the Event Committee reserves the right to allocate space in such a manner as to produce a balanced event, keeping in mind that the general attractiveness of the Event adds to its spectator appeal. Event Committee also reserves the right to refuse any Application that does not qualify in the Committee's opinion; in such a case, all deposits submitted with this Application will be returned to applicant.

C. There will be no refund of any payments.

4. AGREEMENT: By signing below, the undersigned agrees to all of the terms of this Application.

PLEASE PRINT CLEARLY OR TYPE

FIRM NAME _____ HOME PHONE () _____

CONTACT NAME _____ WORK PHONE () _____

ADDRESS _____ FAX () _____
STREET CITY STATE ZIP

EMAIL _____

SIGNED _____ TITLE (printed) _____

MONEY INCLUDED: CHECK NO. _____ IN THE AMOUNT OF \$ _____

CREDIT CARD TYPE _____ NO. _____ EXP. Date _____

Security Code on Back of Card _____

SEE IMPORTANT SELLER'S PERMIT QUESTIONNAIRE AND PRODUCTS TO BE EXHIBITED 2nd PAGE

Complete Application, sign and return to:

IRVINE LAKE

4621 Santiago Canyon Road

Silverado, CA 92676

(714) 649-9113 ~ (714) 649-9114 Fax

cmontoya@irvinelake.net

KEEP A COPY FOR YOUR RECORDS. PLEASE REMEMBER TO FILL OUT BOTH PAGES OF APPLICATION.

IMPORTANT

The following information must be supplied before this application will be accepted:

CALIFORNIA SELLERS PERMIT NO. _____

NAME IN WHICH ABOVE NUMBER IS ISSUED _____

ADDRESS SHOWN ON PERMIT _____

CITY _____ **STATE** _____ **ZIP +4** _____

TELEPHONE _____ **FAX ()** _____

A COPY OF YOUR SELLER'S PERMIT MUST BE AVAILABLE IN YOUR SPACE AT THE EVENT FOR INSPECTION BY EVENT ORGANIZER AND BY OFFICIALS OF THE CALIFORNIA STATE BOARD OF EQUALIZATION. IF YOU ARE SELLING ANY FOOD PRODUCTS YOU MUST HAVE ALL THE REQUIRED PERMITS FROM THE HEALTH DEPARTMENT.

SERVICES AND/OR PRODUCTS TO BE EXHIBITED OR DISPLAYED:

SPECIAL NEEDS FOR SPACE REQUESTS:
