



# Vacaville Fiesta Days 2023

## NON-FOOD VENDOR SPACE APPLICATION

EVENT, DATES, TIMES, LOCATIONS & FEE SCHEDULE:

Thursday, May 25 - Monday, May 29, 2023

**CHECK ONE:**  New  Returning

**OPTIONS**  Option 1 (10 x 10 \$700)  Option 2 (10 x 20 \$900)  Option 3 (10 x 30 \$1200)

Quantity Needed: \_\_\_\_\_

**CHECK REQUIREMENTS (Must include photo of exhibit.)**

\*\*\*Vendors must provide a pop-up tent, table, chairs, lights and Commercial Grade power cords up to 100'\*\*\*

### BUSINESS INFORMATION

Business Name \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Owner?  Yes  No

On-site Contact \_\_\_\_\_ On-site Contacts Cell # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ( \_\_\_\_\_ ) State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Residence Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cellular Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address \_\_\_\_\_ Web Site \_\_\_\_\_

\*Federal Taxpayer's ID # \_\_\_\_\_ \*CA Seller's Permit# \_\_\_\_\_

\*Business License # \_\_\_\_\_ \*Attach copies to application

How long in business \_\_\_\_\_  Sole Proprietor  Partnership  Corporation  Other \_\_\_\_\_

Have you ever conducted business with the City of Vacaville?  Yes  No

If yes, what year(s)? \_\_\_\_\_ Company \_\_\_\_\_

### INSURANCE REQUIREMENTS

*Proof of Insurance is required with your contract. (see insurance offer on our website if needed)*

Each exhibitor must provide proof of insurance.

Please have your Insurance carrier/agent provide the Fiesta Days Committee with these two (2) required forms. 1. **Certificate of liability Insurance** 2. **Additional Insured Endorsement Form CG 20 26.**

The forms can be sent one of two ways: 1. Mail to: PO Box 5263, Vacaville, Ca 95686 2. By email to: [Fiestadays@yahoo.com](mailto:Fiestadays@yahoo.com). The Certificate of Insurance must show proof of Commercial General liability Coverage with the following limits: **\$1,000,000 Per Occurrence, \$2,000,000 Aggregate.**

Concessionaires offering products for sale are required to also show proof of "Products/Completed Operations" Coverage as part of their commercial General liability policy with the same limits listed above. In addition, Vacaville Fiesta Days/Committee, PO Box 5263, Vacaville CA 95686 and the City of Vacaville, 650 Merchant St, Vacaville CA 95688, must be named, by endorsement to the policy as "additional insureds" with respects to your organization's or business's activity during the festival. If you or your insurance company has questions regarding the requirements listed in this letter, please contact Risk Management at City of Vacaville at (707) 449-5101.

My own carrier Carrier \_\_\_\_\_ Policy Expires \_\_\_\_\_

**Application Deadlines: Friday, April 14, 2023**

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**REFERENCES**

List 2 fairs, festivals or shows you have recently participated in:

Event#1 \_\_\_\_\_

Contact person \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Event#2 \_\_\_\_\_

Contact person \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**PRODUCTS & SERVICES PRICING (complete or attach separate list)**

TYPE OF ITEM (Example: Baskets, Music, Clothing, etc.)	PRICING (Range by type)

\*\*\*List additional items on separate page\*\*\*

**No entry will be considered for acceptance unless accompanied by all required forms, fees, proof of insurance (follow directions of insurance request), Police forms completed with ID cards, Driver's License and (for new vendors) photo of booths (copies sent in must be clear).**

**By my signature below, I commit to participate in this year's Vacaville Fiesta Days. I further acknowledge & certify that I have correctly filled out the vendor application and read ALL Vacaville Fiesta Day guidelines & herby agree to abide by them.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For additional information, visit us online at: [www.fiestadays.org](http://www.fiestadays.org).**

**CERTIFICATION OF APPLICANT** I, the undersigned, acknowledge, agree and understand that: **Participation** may involve risk of serious injury, including but not limited to bodily injury, death, property damage and economic losses, which may result not only from the participant's actions, inaction's, or negligence, but also from the actions, inaction's or negligence of others, or the conditions of facilities, equipment, or areas where the event or activity is being conducted. Furthermore, the undersigned both understands the risks associated and agrees to assume any and all such risks arising out of or in the course of participation in this activity or event. The undersigned warrants that he/she is in good health and has no physical condition, which would prevent safe participation in this activity or event. Furthermore, the undersigned participant agrees to immediately report to the activity or event supervisor any unsafe condition and/or any injury incurred. The undersigned agrees to indemnify, defend, and hold harmless the Vacaville Fiesta Days, its officers, officials, employees and volunteers from and against all liability, loss, damage, expenses, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with the participation in the activity or event described above or failure to comply with any obligations related to this activity or event. The undersigned shall procure and maintain insurance as set forth in Exhibit "A" hereto. The undersigned participant hereby give consent to be treated by a physician or surgeon in case of sudden illness or injury while participating in the above activity or event. It is understood that the Vacaville Fiesta Days provides no medical insurance for such treatment and that any such cost thereof will be at the undersigned's expense. I have read and understand the instructions and any additional information attached. I understand that this form is an application for space only, and is not an offer by the Vacaville Fiesta Days to rent space. I certify that all information contained in this application to be true and accurate to the best of my knowledge.

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

Printed Name \_\_\_\_\_

**Vacaville Fiesta Days**  
**E-mail:** [fiestadays@yahoo.com](mailto:fiestadays@yahoo.com)  
**Phone:** (707) 448-4613  
 (707) 628-5494 (707) 592-1525  
 PO BOX 5263, Vacaville, CA 95686

**Application Deadline: Friday April 14, 2023**