



2012 Monterey Food Vendor Application / Agreement

Food Vendor Name: _____

Contact: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

All Food Vendor Applicants: On a separate sheet of paper, list all items to be sold and prices. Attach and return with application. Only approved items will be allowed to be sold. Attach copy of Calif. Seller's permit to application.

	Quantity		Total Amount
Registration fee 10' x 10' space <small>(see Terms & Conditions for commissions due SWC)</small>	_____ @ \$200.00	=	_____
10' x 10' Tent with netting (this is for a canopy only, not the space)	_____ @ \$150.00	=	_____
Table(s) (8') <small>Floor Orders (tables ordered after May 8 will cost \$35 ea. available onsite only)</small>	_____ @ \$25.00	=	_____
Chairs <small>Floor orders (chairs requested after May 8th are \$10.00 available onsite only)</small>	_____ @ \$7.50	=	_____
Electricity – (per request form attached)		=	_____
Camping – (per request form attached)		=	_____

Tickets: Indicate type and number of tickets requested. (3 FE or 9 SD wristbands per booth included with booth fee)
_____ Full-Event wristbands, and / or _____ Single-Day wristbands _____ Thurs _____ Fri _____ Sat

Extra Tickets

Full Event (max 2 discounted per applicant)	_____ @ \$60.00	=	_____
Single Day (max 6 single day discounted per applicant)	_____ @ \$26.00	=	_____

TOTAL ENCLOSED (US funds) \$ _____

Prices reflect a cash (check or money order) discount. Non-cash purchases will be subject to a **5% processing fee.**

Worker's Compensation Waiver: On behalf of the undersigned organization as Food Vendor at the Spirit West Coast festival, I represent that the persons working for the preparation or sale of food items for the Spirit West Coast festival are volunteers and not paid employees. I further represent that if any paid employees are hired for the preparation or sale of food items, my organization carries Worker's Compensation Insurance and shall provide the Finance Department of the Spirit West Coast festival with a certificate of coverage of said paid employees by Worker's Compensation Insurance.

Date: _____ Signature: _____ Organization: _____

Payment Method: Check / MO (make checks payable to: **Spirit West Coast**) Credit Card (circle one) **Amex Disc MC Visa**

Cardholder: Name _____ Signature _____

Billing Address: _____ City: _____ State: _____

Card Number: _____ Exp. Date: _____

I have read this Food Vendor Application/Agreement and the rules and regulations regarding the use and maintenance of food booth at the SWC festival. I agree to be bound by and perform the duties of an Food Vendor as set forth and defined therein. The undersigned represents and warrants that he/she has the authority and power to execute this Exhibitor Application/Agreement on behalf of and in the name of the Food Vendor herein. SWC reserves the right to refuse an Food Vendor Application/Agreement for any reason. This Agreement, when signed by the Food Vendor and SWC, is a legal and binding contract.

Date: _____ Signature: _____ Print Title: _____

Application / Agreement must be postmarked by **May 8, 2012** (We may sell out before this date). Upon acceptance an invoice will be sent to you but final approval is not until SWC verifies a valid Health Permit has been obtained by Food Vendor. Agreement will be terminated if Health Permit not completed by June 3, 2012.

MAIL TO: 1952 Camden Ave. #206, San Jose, CA 95124 or FAX TO: (408) 377-9203

For office use only	Check #: _____	Check \$: _____	Date of check: _____
DATE REC'D: _____	TOTAL \$: _____	NO. OF BOOTHS: _____	BOOTH ASSIGN: _____