



Castroville's 34th Annual Old Fashion Christmas • December 1 & 2, 2017
BOOTH APPLICATION

BUSINESS or ORGANIZATION: _____

CONTACT: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NO (____) _____ E-MAIL ADDRESS: _____

BOOTH TYPE: (Please circle) FOOD CRAFT COMMERCIAL OTHER

BOOTH LOCATION: (Please circle) SAME SPOT* NEW SPOT NEW VENDOR
_____ (we will contact you)

***Payment must be received by 8/25/17 to guarantee same booth as last year.**

Brief description of merchandise and booth (Please enclose updated photos and/or website URL):

*State Sales Tax & Use Permit No: _____ (must be active & have a copy on file)

If N/A, please explain: _____

_____ One Booth Space (12x12) or _____ Two Booth Spaces (12x24)

_____ Saturday Only 9am to 4pm: \$70 per space (Non-profits are \$50)

_____ Friday Night 6pm to 10pm & Saturday 9am to 4pm \$95 per space (Non-profits are \$85)

I understand that I am responsible for the collection of all Sales Tax. City of Castroville's sales tax rate is 8.25%. For information on sales tax, call the State Tax Assistance Section, 1-800-252-5555. **WE WILL NEED A COPY OF YOUR ACTIVE STATE SALES TAX & USE CERTIFICATE IN ORDER TO COMPLETE YOUR APPLICATION. WITHOUT A COPY, YOU WILL NOT BE ASSIGNED A BOOTH.**

I further understand that the Castroville Area Chamber of Commerce and the Old Fashion Christmas Committee shall not be liable or responsible for any and all claims or damages of any kind; for injury to or death of any person or persons, and for damage to or loss of property arising out of or attributed, directly or indirectly, to the operation or performance of the undersigned. I also recognize and agree that the Castroville Area Chamber of Commerce and the OFC Committee and its representatives are in no way responsible for any action of vendors or their helpers or employees. I have read and I understand and accept all provisions of this letter of agreement and rules and regulations and will abide by all requirements of the Castroville Area Chamber of Commerce.

Vendor Signature

Date

(Please complete vendor checklist)

VENDOR CHECKLIST:

- ___ Completed and Signed Application
- ___ Check or money order for booth fee
- ___ *2 photos of items to be sold
- ___ Self-addressed business sized stamped envelope
- ___ *Copy of State Sales Tax & Use Certificate (COPY)
- ___ Food Vendors – Health permit (COPY)
- ___ Agreed and Signed Rules and Regulations

COMMITTEE CHECKLIST:

(For Office Use Only)

- Date received: _____
- Amount Paid: \$ _____ Ck # _____ Cash _____ CC _____
- Accepted _____
- Assigned Booth# _____
- Rejected _____
- Date informed/ck. returned _____