



Return completed application to:
 Joshua Festival, Inc
 2435 Lemon Ave
 Signal Hill, CA 90755
 877-222-JOSH fax: 562-424-0266

Joshua Festival 2017 Campfire Sessions, Plumas-Sierra County Fairgrounds, July 28TH through 30TH

EXHIBITOR/VENDOR BOOTH APPLICATION

Deadline: July 15TH

ORGANIZATION OR COMPANY NAME ("EXHIBITOR")			CONTACT PERSON		OWNER'S NAME (if different)	
ADDRESS						
CITY		STATE	ZIP	PHONE	FAX	
E-MAIL			WEB SITE			

VENDOR/EXHIBIT CATEGORY (SELECT ONE): FOOD/DRINK MERCHANDISE INFORMATION SERVICE OTHER

TYPE OF PRODUCT, SERVICE, OR INFORMATION:

Please attach a list of your products and what you plan to charge for them. You may be requested to send a product sample.

SELECT TYPE OF BOOTH: <input type="checkbox"/> MERCHANDISE/OTHER <input type="checkbox"/> (10' x 10') \$262.50 <input type="checkbox"/> (10' x 20') \$412.50 All products and literature subject to approval. See below for important insurance and other information. <input type="checkbox"/> FOOD/DRINK (CONSUMABLES) \$250 min.* All products are subject to approval. *A 20% commission will be due at event close based on your gross sales (excluding sales tax), less your non-refundable deposit (minimum). See below for important insurance information.	PAYMENT METHOD: <input type="checkbox"/> CHECK (include check payable to "Joshua Festival") <input type="checkbox"/> CREDIT CARD (complete the information below)	
	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER	
CREDIT CARD NUMBER		EXPIRATION DATE
CARDHOLDER'S NAME	CARDHOLDER'S SIGNATURE X	
CREDIT CARD BILLING ADDRESS		
ADDITIONAL PASSES: (booth fee includes 2 passes) QTY: _____ x \$17.50 = _____		

SELLER'S PERMIT STATUS <input type="checkbox"/> I hold a valid Seller's Permit. My number is: _____ <input type="checkbox"/> No sales are being made or solicited at this event. <input type="checkbox"/> The items to be sold are exempt from sales tax for the following reason: <input type="checkbox"/> Exempt products <input type="checkbox"/> Sales are "exempt occasional sales"	WORKERS' COMPENSATION INSURANCE STATUS (select one) <input type="checkbox"/> My Workers' Comp. policy no. is: _____ Insurance Co.: _____ Exp: _____ <input type="checkbox"/> I hereby certify that I am an independent contractor and have no paid or volunteer employees and therefore are exempt from workers' comp. insurance requirements.
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EXHIBIT BOOTH INFORMATION AND RESPONSIBILITIES (TERMS AND CONDITIONS)

1. ACCEPTANCE & CANCELLATION: If your application is not accepted, your money will be returned immediately. If you cancel on or before August 15th, your fee will be refunded minus a 10% administration fee. If you cancel after August 15th, your total fee will be retained. If the event is cancelled for any reason, you will receive a full refund.

2. INCLUSIONS & EXCLUSIONS: Non-food (merchandise and other) exhibitors will be provided an indoor booth space as requested and subject to availability, and includes the following: overhead lighting (facility lighting), one 110V plug, and curtains/dividers between spaces. Food/drink vendors will be provided an outdoor designated area with standard utility hookups; outdoor vendors will be responsible for their own tents/canopies, tables, chairs, or any other equipment necessary. All exhibitors will be provided two (2) vendor/festival passes. Additional passes may be purchased for \$17.50 each. Availability of ice on the premises is not guaranteed; food/drink vendors should contact Joshua Fest prior to the event to determine availability of ice.

3. COMMISSION: For food exhibitors, the Exhibitor is expected to pay 20% of the Exhibitor's gross sales, including tax, during the event; the Exhibitor's deposit will go towards the 20% commission, unless otherwise specified herein; however, no portion of the deposit will be refunded because of low sales. Reconciling of gross sales percentages may be done daily or once prior to the close of the festival. All settlements for concession percentages must be done in cash. The Exhibitor may be requested to provide documentation or receipts to substantiate the gross sales.

4. TAXES & PERMITS: It is the Exhibitor's responsibility to collect and pay any required local and state taxes. All food vendors are responsible for maintaining required health department permits, as required by law.

5. SCHEDULE: Setup time for all exhibitors is on Thursday, from 9am to 4pm, and Friday, from 9am to 2pm. (Exact setup location shall be determined by Joshua Festival management.) Hours for all non-food vendors are as follows: Friday: 2pm to Midnight, Saturday and Sunday: 11am to Midnight. Teardown is on Monday following the event.

6. LIABILITY: Exhibitor agrees that all Exhibitor's personal property, supplies, equipment, and merchandise in or around the Festival shall be at Exhibitor's sole risk and hazard of Exhibitor's operation, or those claiming by, through, or under Exhibitor's Management. As

a booth operator, Exhibitor agrees to indemnify and save Joshua Festival, their officers, managers, agents, employees, or volunteers, and Plumas County Fairgrounds harmless from any and all liability, damage, expenses, cause of action, suits, claims, or judgments arising from injury to persons or property within and on the site of the Joshua Festival which arises out of the act, or failure to act, or negligence of the booth operator, its guest, employees, staff, or customers. Exhibitor accepts all policies herein and assumes full responsibility of Exhibitor's booth.

7. INSURANCE: Exhibitors are required to secure and pay for liability insurance in order to protect themselves, Joshua Fest, and the Fairgrounds, with regards to the operations of the Exhibitor. All exhibitors will be required to show proof of insurance prior to entry to the Fairgrounds.

I have read and agree to the terms and conditions above, and I certify the information provided herein to be correct to the best of my knowledge and belief.

X

 AUTHORIZED SIGNATURE FOR EXHIBITOR

TITLE _____ DATE _____
 X

 SIGNATURE OF JOSHUA FESTIVAL AGENT DATE _____