



# 27<sup>TH</sup> Annual Linda Vista Multi-Cultural Fair

April 21, 2012

www.lindavistafair.org

619-746-8223 phone – 619-342-7554 fax

**BUSINESS BOOTH**

**Cost: \$275 (\$175 Chamber Member\*)**

- 10' x 10' Booth Space • Program Listing
  - One 8' table with cover/skirts • Two chairs
- Special Events Certification Form Required*

**FOOD BOOTH**

**Cost: \$345** • 10' x 10' Space • Program Listing

**Cost: \$500** • 10' x 20' Space • Program Listing

*San Diego County Department of Health will inspect all booths. Copies of Seller's & Health Permits and proof of \$1M of general liability insurance is required with your application form.*

**SERVICE/NON-PROFIT ORGANIZATION**

**Cost: \$150**

- 10' x 10' Booth Space • Program Listing
- One 8' table with cover/skirts • Two chairs

*Special Events Certification Form Required*

**ARTS & CRAFTS BOOTH**

**Cost: \$125**

- 10' x 10' Booth Space • Program Listing

*Copy of Seller's Permit and Special Events Certification Form Required  
All items for sale MUST be handmade by the person selling them.  
Certain categories will be limited in booth spaces. NO food to be sold in this booth category.*

\* San Diego Chamber Membership Verification Required

\*\* Electricity hookup is 15 amps; call for quote over 15 amps. You must provide 200-foot, commercial-type grounded extension cord.

\*\*\*Call 619.746.8223 for corner booth availability. Program will be published April 9<sup>th</sup>. Applications received after this date will NOT appear in the program.

**DEADLINE** for booth applications is **April 9th, 2012.**

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

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail (required) \_\_\_\_\_

Product Description: \_\_\_\_\_

Program Book Advertiser Space (color)

- Full Page - \$500
- Half Page - \$250
- Quarter Page - \$125
- Business Card - \$75

Item	Qty	Cost	Total
<b>BOOTH:</b>			
BUSINESS	_____	\$ _____	\$ _____
FOOD	_____	\$ _____	\$ _____
SERVICE CLUB	_____	\$ _____	\$ _____
ARTS & CRAFTS	_____	\$ _____	\$ _____
<b>EXTRAS:</b>			
10' X 10' CANOPY	_____	\$ 75.00	\$ _____
TABLE, COVER/SKIR	_____	\$ 30.00	\$ _____
CHAIR	_____	\$ 5.00	\$ _____
SCREENS (FOOD)	_____	\$ 60.00	\$ _____
ELECTRICITY **	_____	\$ 60.00	\$ _____
CORNER BOOTH***	_____	\$ 75.00	\$ _____
TOTAL ENCLOSED \$ _____ Check # _____			
<b>Visa / Master Card / Amex</b>			
Card #	_____		
Exp. Date	_____		
Billing Address & Zip	_____		
Signature:	_____		
<b>..... IMPORTANT ..... ITEMS NEEDED TO PROCESS YOUR APPLICATION ARE:</b>			
A. Application Form (ALL Booths)			
B. Completed Vendor Certification Form (ALL Booths)			
C. Completed Special Events Health Permit (ALL Food Booths)			
D. Payment (NO REFUNDS AFTER April 6 <sup>th</sup> , 2012)			

**BOOTH:**

Item	Qty	Cost	Total
<b>BOOTH:</b>			
BUSINESS	_____	\$ _____	\$ _____
FOOD	_____	\$ _____	\$ _____
SERVICE CLUB	_____	\$ _____	\$ _____
ARTS & CRAFTS	_____	\$ _____	\$ _____
<b>EXTRAS:</b>			
10' X 10' CANOPY	_____	\$ 75.00	\$ _____
TABLE, COVER/SKIR	_____	\$ 30.00	\$ _____
CHAIR	_____	\$ 5.00	\$ _____
SCREENS (FOOD)	_____	\$ 60.00	\$ _____
ELECTRICITY **	_____	\$ 60.00	\$ _____
CORNER BOOTH***	_____	\$ 75.00	\$ _____

TOTAL ENCLOSED \$ \_\_\_\_\_ Check # \_\_\_\_\_

**Visa / Master Card / Amex**

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Billing Address & Zip \_\_\_\_\_

Signature: \_\_\_\_\_

**..... IMPORTANT .....  
ITEMS NEEDED TO PROCESS YOUR APPLICATION ARE:**

- A. Application Form (ALL Booths)
- B. Completed Vendor Certification Form (ALL Booths)
- C. Completed Special Events Health Permit (ALL Food Booths)
- D. Payment (NO REFUNDS AFTER April 6<sup>th</sup>, 2012)

**Liability of Members:** We, members of the above organizations, hereby enter the above booth(s) in the Linda Vista Multi-Cultural Fair at our own risk and subject to the rules and regulations of the Fair. We further agree that, if any charges be occasioned or loss or damage occurred from cause of said booth(s), we will make no claim against Linda Vista Multi-Cultural Fair, Inc., City of San Diego, County of San Diego, State of California, or any other person or entity associated with the Fair against legal proceedings for any personal injury or property damage arising, occasioned by or caused by any employee, representative or entry of ours.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

*Submit completed application with permits and payment payable to: **Linda Vista Multi-Cultural Fair Inc., P O Box 33853, San Diego CA 92163***