



2017 VENDOR / EXHIBITOR APPLICATION

ONTARIO TOWN SQUARE

Contact Information: 909-527-7193/info@heritageeducationgroup.org Event Location: 224 N. Euclid Avenue, Ontario, CA 91762

- SUBMISION OF APPLICATION DOES NOT GUARANTEE APPROVAL INTO MARKET

EVENT NAME: _____
EVENT DATE(S): _____ EVENT TIME(S): _____

BUSINESS NAME: _____
CONTACT NAME: _____ PHONE NO.: () _____
ADDRESS: _____ FAX NO.: () _____
CITY: _____ CELL NO.: () _____
STATE: _____ ZIP CODE: _____ EMAIL: _____

DESCRIPTION: Please describe product. Please provide a photo of your booth layout or merchandise and submit with this application. Vendors may sell only those goods listed on this application.

(Attach additional pages if more room is needed)

MERCH / CRAFT / RETAIL / PRE-PACK FOOD:

10' x 10 (15') Booth Space

Setup: Booth

\$ 40.00

Booth Information: Booth price includes power. Each vendor/exhibitor will be required to supply their own **WHITE** canopy, table, chairs, lights, extension cords, etc...

NON-PROFIT (PRE- APPROVED):

10' x 10 (15') Booth Space

Setup: Booth Trailer/Truck Cart Other _____

\$ 25.00

Booth Information: Booth price includes power. Each vendor/exhibitor will be required to supply their own **WHITE** canopy, table, chairs, lights, extension cords, etc...

FARM/AGRICULUTRE VENDORS :

10% OF GROSS

Booth Information: Booth price includes power. Each vendor/exhibitor will be required to supply their own **WHITE** canopy, table, chairs, lights, extension cords, etc...

FOOD BOOTH: 10' x 10 (15') Booth Space

Setup: Booth Food Truck w/BBQ Grill

\$ 75.00

Booth Information: Booth price includes power. Each vendor will provide their own enclosed booth, Class-K fire extinguisher, 3-compartment sink, water hose, lights, extension cords, etc... **White canopy is required for Food Booths.**

HEALTH/AGRICULTURE PERMIT: All vendors are required to have a SB County – Dept. of Public Health Permit or Agriculture Permit, please provide **Permit No:** PR or pull a Temporary Health Permit from the County and provide it to us prior to being accepted. I am **Veterans Exempt** and have my DD214 filed with Public Health (No Charge)

RESALE NUMBER: **Permit No:** _____

All vendors must have a California Board of Equalization Resale Permit (if selling taxable goods) displayed in your booth. If you do not have a valid seller permit, please contact the California State Board of Equalization at (951) 680-6416. You may apply for a resale number at 3737 Main Street, #1000, Riverside, CA 92501-3395. **All Operators/Vendors are required to file a sub-location on your sellers permit for each event outside of your normal business. This is typically, a dash (-) after your resale number. Use 224 N. Euclid Avenue - Ontario Town Square.** This can be done through the number and address above at no charge. Doing so helps ensure that the city or county event you are participating in receives the local sales tax it is due. By doing this it would eliminate the need for you to complete the *Local Tax Allocation for Temporary Sales Locations and Certain Auctioneers* form (BOE-530-B).

You will be notified of market acceptance within 5 business days of Application Submission. Payment is due upon approval. Upon approval, please read and sign Rules and Regulations packet. Payment to be submitted in advance for 3 weeks. Call-out will result in forfeiture of payment for specific day and cannot be applied for future dates.

PAYMENT: Make Check Payable To: **Heritage Education Group**
Mail Application & All Paperwork To: **Heritage Education Group 112 Harvard Ave #124 Claremont, CA 91711**

APPLICATION FEE: (Includes Space & Power) = \$ _____

SIGNATURE: _____ **DATE:** _____ / _____ / _____

(BY THEIR EXECUTION HEREIN, THE VENDOR AGREES TO BE BOUND BY ALL OF THE RULES AND REGULATIONS, INCLUDING INSURANCE WAIVER)

INSURANCE: All vendors, exhibitors, and food must maintain current general liability insurance in an **amount not less than \$1,000,000.00**, covering the vendor’s activities at Town Square Market Night naming separately as additionally insured parties:

Additional Insured parties to be named: 1. **City of Ontario** 2. **SMG/Ontario Convention Center & Visitors Bureau**
3. **Heritage Education Group**

NOTE: Please make sure to put the **Name of the Event:** Heritage Farmers Market, the **Dates covering your booth:** _____ thru _____ AND **Event Location:** 224 N. Euclid Avenue, Ontario, CA 91762 in the Description of Operations. **Additional insured parties can be listed on one insurance page; you do not need a page for each.** Proof of the maintenance of such insurance will be provided to the event prior to acceptance

Certificate Holder: The Heritage Education Group, c/o Bing Turner, 112 Harvard Ave # 124 Claremont, CA 91711

Fax or Email the Certificate To: Heritage Education Group - Market / Fax: 909-527-7193/ Email: info@heritageeducationgroup.org

NOTE: If you do not have insurance, **you may purchase event insurance through the event** and be placed on our policy for **\$30.00**. **Make Payable To:** **Heritage Education Group**

COMMENTS:
