

**CESAR E. CHAVEZ HOLIDAY
PARADE & FESTIVAL 2009**
EVENT DATE: **Saturday, April 4**
TIME: **1:00 p.m. to 5:00 p.m.**
LOCATION: **24th Street/Harrison-Bryant**
San Francisco

GENERAL APPLICATON

ORGANIZATION/BUSINESS: _____ CONTACT: _____
 _____ PHONE #: (DAY TIME): _____
 Address _____ City _____ State _____ Zip Code _____
 FAX #: _____ CELL NUMBER: _____ EMAIL: _____

ARE YOU A NON-PROFIT: YES ___ NO ___ PLEASE PROVIDE A COPY OF YOUR 501 (C) 3 #

LIST ALL ITEMS TO BE SOLD NO SUBSTITUTIONS ALLOWED:	SALES AMOUNT:
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

LIMITED AMOUNT OF TABLES/CHAIRS AVAILABLE FOR RENTAL. NO ELECTRICITY IS PROVIDED
 PAYMENT IN FULL MUST BE ENCLOSED WITH APPLICATION OR IT WILL NOT BE PROCESSED

10X10 SPACE/ INFO ONLY	# OF SPACES _____ @ \$75.00 EACH	\$ _____
“ “ (FOR NON PROFITS <u>INFO ONLY</u>)	# OF SPACES _____ @ \$50.00 EACH	\$ _____

For Sale of Merchandise:

10X10 SPACE	# OF SPACES _____ @ \$150.00 EACH	\$ _____
10X10 SPACE (NON PROFITS)	# OF SPACES _____ @ \$100.00 EACH	\$ _____

10X10 BOOTH RENTAL	# OF BOOTHS _____ @ \$125.00 EACH	\$ _____
TABLE RENTAL	# OF TABLES _____ @ \$25.00 EACH	\$ _____
CHAIR RENTAL	# OF CHAIRS _____ @ \$10.00 EACH	\$ _____

INSURANCE: ANYONE PERFORMING ANY KIND OF MEDICAL PROCEDURES, i.e., AIDS TESTING, DIABETES TESTING, CHIROPRACTIC ADJUSTMENTS, PIERCING OR ANY KIND, MUST PROVIDE LIABILITY INSURANCE AND NAME CEC P/F AS AN ADDITIONALLY INSURED.

THIS AGREEMENT IS SUBJECT TO ACCEPTANCE BY THE CEC P/F, VENDOR MUST RETURN THIS APPLICATION SIGNED AND DATED BY AUTHORIZED PERSONNEL. FAILURE TO SIGN APPLICATION WILL RESULT IN AUTOMATIC REJECTION OF THE APPLICATION.

CANCELLATION OR WITHDRAWAL: THERE WILL BE NO REFUND OF FEES UNDER ANY CIRCUMSTANCES, IT IS FURTHER UNDERSTOOD AND AGREED IF APPLICANT SHOULD FAIL, NEGLECT OR REFUSE TO PAY THEIR AGREEMENT FEES, APPLICANT WILL NOT BE PERMITTED TO OPEN IN SAID PLACE. CEC P/F SHALL RETAIN ALL MONIES PAID HEREIN IN LIQUIDATED DAMAGES. ALSO, VENDOR CAN ONLY SELL ITEMS/MERCHANDISE THAT HAVE BEEN AUTHORIZED. ANY ITEMS/MERCHANDISE THAT HAVE BEEN AUTHORIZED, ANY ITEMS NOT LISTED MUST BE REMOVED IMMEDIATELY FROM SPACE.

 VENDOR'S SIGNATURE DATE

FOR OFFICE USE ONLY: _____
 DATE PROCESSED: _____
 AMOUNT: _____
 BALANCED OWNED: _____
 INSURANCE RECEIVED: _____

Make Check(s) Payable To: _____
CEC PARADE & FESTIVAL
 Mail to: 255 9th St. Rm 205
 SAN FRANCISCO, CA 94103
 (415) 621-2665/(415) 621-5518 fax