



# Inner City Sports Festival

Vendor's Application

**Saturday May 22, 2010**

9651 So. Western Ave. Los Angeles, Ca. Corner of Western Ave. & Century Blvd.

**DEADLINE: PLEASE RETURN BY MAY 13, 2010**

**Please Print**

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

Contact Name: \_\_\_\_\_ Tel. #1 \_\_\_\_\_ Tel #2 \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Vendor Category Please Check One:

Food: \_\_\_\_\_ Arts & Crafts: \_\_\_\_\_ Juices / Dessert: \_\_\_\_\_ Information only: \_\_\_\_\_

**IF VENDORS ARE SELLING ANYTHING YOU MOST HAVE A SALES PERMIT**

Product Description: Describe in detail, the items you will be selling/exhibiting or promoting in the event (you may attach an additional sheet, if necessary, or a photo or flyer). **City Lites must approve all items for sale prior to the event.**

**City Lites reserves the right to prohibit the sale of illegal items or items in poor taste:**

Arts & Crafts:(10 X 10).....	@ \$100.00	_____
Food: .....	@ \$200.00	_____
Juice / Dessert:.....	@ \$100.00	_____
Electricity:.....	@ \$25.00	_____
Insurance.....	@ \$30.00	_____
Health Permit:.....	@ \$35.00	_____
Information.....	Free.....	_____

**TOTAL:** \_\_\_\_\_

**PLEASE REFER TO THE BACK SIDE FOR A COMPLETE LIST OF TERMS AND CONDITIONS REGARDING YOUR PARTICIPATION IN THE HEALTH FAIR & FESTIVAL**

I have read the terms and conditions set forth in this prospectus and I agree to abide by all health, safety, and event rules and regulations. Furthermore, I agree to relieve **City Lites** and its employees and agents and volunteers from liability, expenses and claims for damages of any nature whatsoever, arising from or connected with this event.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed application, along with booth rental fees to: **City Lites P.O. BOX 47895 Los Angeles, Ca. 90047. (MAKE CASHIER CHECK or MONEY ORDERS PAYABLE TO City Lites)** Please call **Philly Mobley @ (323) 775-3899** or **Lydia Lockett @ (310) 515-7505** for any vendor's questions. **DO NOT MAIL CASH** "**NO CHECKS PLEASE**"



## TERMS & CONDITIONS

- 1.) Submitting an application does NOT guarantee acceptance in **City Lites** event. Commercial entries may sell products, give away free samples, gather a mailing list or otherwise market your business. Non-Commercial entries may NOT sell products or exchange any money.
- 2.) All vendors will be provided with 10 x 10 tent with one table and 2 chairs.
- 3.) Open flame appliances are not allowed within the tent structure.
- 4.) No drug or alcohol-related items (t-shirts, buttons, or posters with adverting or slogans) allowed.
- 5.) Participants will adhere to all event opening and closing times. Booths MUST remain open throughout the event hours, from **11am** to approximately **5pm**.
- 6.) Participants CANNOT move to another location without permission from an event official. A decision on booth placement is final.
- 7.) Participants must remain within their designated space. Booths MUST conform to size restrictions on all sides and NOT infringe on walkways or neighboring booth spaces.
- 8.) Participants are responsible for their own display. **City Lites**, its employees or agents shall NOT be held liable for any lost, damaged or stolen items belonging to the participant.
- 9.) No pets or other animals of any kind are allowed (except seeing-eye dogs or canine companions).
- 10.) **ALL VENDOR BOOTH SALES ARE FINAL, NOT TRANSFERABLE AND NON-REFUNDABLE.**

### I HAVE ENCLOSED:

- 1.) \_\_\_\_\_ Completed Vendor Application
  - 2.) \_\_\_\_\_ A cashier's check or money order for the total amount of the booth rental fees.
- I understand that deposit of money does not constitute acceptance. If not accepted, a full refund will be issued.
- I have read and will comply with all the rules and regulations regarding this event.
- I fully realize that neither the **City Lites** nor its employees or agents, in any way, assume responsibility for or is liable for any injury to any person or loss or damage to property before, during or after this event.
- I understand that if any of the requested fees are not included with this application, it will be returned to me and not processed until properly completed.

\_\_\_\_\_  
Participant's Signature (Required)

\_\_\_\_\_  
Date



P.O. BOX 47895 LOS ANGELES, CA. 90047