Office	Use	Only
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Date Received:

Time: Initials:

Dog Days of Summer Vendor Application 2015

(complete both sides of application)

NAME (CONTACT PERSON):		
COMPANY NAME/ORGANIZATION	N:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	FAX:	
2 TYPE OF PARTICIPATION (ma	ark one only)	
non-profit (free)		
all other vendors (one	week participation fee of \$35.00)	
Cash or check payable to "City of Fuller	rton"	
MARKET	of Summer" at the Thursday night APPLICATION is DUE by Friday, , pecial Events, 301 N. Pomona Ave	July 24, 2015
4 PRODUCT DESCRIPTION: (De	escribe product you plan to sell/advertise	under the scope of your license)
	ent and documents listed in no RE A RETURNING VENDOR	5. MUST be enclosed with thc.) Samples will not be returned.

5 ENCLOSE ADDITIONAL DOCUMENTS AS REQUIRED:

- A Businesses must submit copy of their Business License.
- **B** Food Vendors must submit a copy of their license from the Orange County Health Care Agency.
- C Non-profit organizations must submit proof of their non-profit status

6

INDEMNIFICATION CLAUSE

(ADDENDUM TO FULLERTON MARKET)				
agrees to defe	nd, indemnify, and hold harmless the City of Fullerton, its			
(name of organization)				
	and expense arising out of any liability, or claim of liability, for personal			
injury, bodily injury to persons, contractual liability, and damage to property sustained, or claimed to have been sustained,				
arising out of the activities of				
·	ne of organization)			
officers, agents, or employees, whether such act is authori				
_ · · · · · · · · · · · · · · · · · · ·	all damage to the property of the City of Fullerton, or loss or			
(name of organization)				
	City of Fullerton assumes no responsibility whatsoever for any			
property placed on the premises.				
(name of organ				
1 -	nent do not apply to any damage or loss caused solely by the			
negligence of the City of Fullerton, or any of its agents or e	employees.			
SIGNATURE OF OWNER OR LEGAL REPRESENTATIVE	/E OF ORGANIZATION DATE			
PLEASE PRINT NAME AND TITLE				
7 WHAT TO MAIL BACK: Enclose appropriate for section 5, samples or photos of product to be sold and mac/o Fullerton Museum Center 301 N. Pomona Avenue				
Fullerton, CA 92832				
Make checks payable to "City of Fullerton." NO APP DOCUMENTS LISTED IN SECTION 5.	PLICATIONS WILL BE PROCESSED WITHOUT ALL REQUIRED			
If you have any questions, please call the Special Events C	Office at (714) 738-3338.			
8 SIGNATURE OF AGREEMENT:				
The applicant Vendor (VENDOR) is an authorized ager age of older, has read the FULLERTON MARKET information contained in said GUIDE & APPLICAT	nt of the group submitting this application and is 21 years of GUIDE & APPLICATION, and accepts responsibility for ION. VENDOR understands that failure to comply with DE & APPLICATION may result in removal from the Fullerton eeks.			
SIGNATURE:	DATE:			