# VENDOR INFORMATION

**BOOTH SPACE:** Booth spaces are approximately 10’ x 10’ and are assigned on a first-come, first- serve basis. Vendor booth assignment, map, parking permit and entry instructions will be emailed by October 20, 2018. There will be special vendor parking for **one** vendor vehicle only.

*Main Street is not level and not shaded. Vendors must provide their own leveling devices, tables, chairs, overhead cover, and anchors to secure cover in the event of inclement weather, water and extension cord, if needed. Booths are expected to be attractive and kept clean throughout the day. Some booths are located near sidewalks and walkways that are not part of vendor space and must be kept clear throughout the day.*

**ELECTRICITY:** Electricity is available for a limited number of spaces in certain locations only and is available on a first-come first-serve basis once full payment and application is received. If you request electricity, you must bring at least 100’ of heavy-duty extension cord, any power strips or adapters you may require, 2” duct tape to cover any cords that go over the ground and/or mat to cover the cords in inclement weather. The electricity is for 110 only. If you utilize a generator, please note this on your application.

**FOOD BOOTHS:** Food vendors must comply with the Calaveras County Environmental Health Department guidelines. A copy of permit must be included with your application. **We are required to send registration information to the Environmental Department 2 weeks prior to the event.**

**EVENT HOURS & SET UP & TAKE DOWN:** The event hour are 10 am to 5 pm and is held in downtown Historic Angels Camp. Main (Hwy 49) Street will be closed at 8 am for vendors to drive in, unload and promptly remove your vehicle. Set-up must be complete and cars off the street by 9:30 am. If arrive after 9:30 am. You will only be allowed access via foot.There isno take down of booths until the event is over at 5 pm. All booth and related materials must be removed from Main Street by 5:45 pm so that the street can re-open by 6 p.m. to avoid any penalties. Event Contact: 209-736-1333 or [marktwainwildwestfest@gmail.com](mailto:marktwainwildwestfest@gmail.com)

**LIABILITY INSURANCE**: Each vendor is responsible for their insurance and must include a copy of the insurance. The exhibitor expressly releases Angels Camp Commemorative Committee, Angels Camp Business Association and the City of Angels, volunteers and sponsors from any and all liability for any damage, injury or loss of any person or goods, which may arise from the rental and occupation of Mark Twain Wild West Fest space by the vendor, and vendor agrees to hold the Mark Twain Wild West Fest sponsors harmless of any loss by reason thereof. The sponsors of the event assume no risk.

**ACCOMMODATIONS:** Both hotel and RV accommodations are available in the area. Contact the Visitors Center at [www.gocalaveras.com](http://www.gocalaveras.com) or call 209-736-0049.

**TAX:** Each vendor is responsible for sales tax when applicable. Your resale permit number must be displayed in your booth.

***This is a Rain or Shine Event \****

***Booth Fees Are Non Refundable***

**VENDOR APPLICATION**

Booth Size: 10’ x 10’

Booth Fees**:**

•\_\_\_\_ Non- Profit Booths:$85

• \_\_\_\_General Vendor Booth: $125

\_\_\_\_ Electricity Fee - $20 (space is limited, first-come, first served)

• \_\_\_\_ **Angels Camp Business Association Member Rate** - Receive $50 off your booth fee. *If you are not currently an ACBA member and would like to become a member, please contact ACBA at 209-736-1333 prior to sending in your vendor application.*

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Sellers Permit / Non-Profit #: \_

County Food Permit # (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Organization Name: \_ \_

Contact Person:

Mailing Address: \_ City: \_ State: Zip Code: \_\_

Phone (home) (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Electricity required: NO\_\_\_YES Generator In Use NO\_\_\_ YES\_\_\_ Total Fees Enclosed: \_\_\_\_\_\_\_\_\_\_\_

Product(s) description: \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

To reserve your space, return this signed Vendor Application, the attached waiver, a copy of your Resale and Environmental Department Permit (if selling food products). Make payment payable to: **Angels Camp Commemorative Committee (ACCC)**, and mail to: PO Box 62, Angels Camp CA, 95222 or completeonline at [www.MarkTwainWildWestFest.com](http://www.MarkTwainWildWestFest.com).

I/We the undersigned being of lawful age, by affixing my/our signatures here on, do hereby agree to indemnify and to hold harmless Angels Camp Commemorative Committee, Angels Camp Business Association and the City of Angels Camp, its officers, employees, elected officials and agents, from and against any and all liability claims, actions causes of action, demands, rights, damages, cost, loss of service, expenses, and compensation arising out of or in any way connected with the participation in the Angels Camp MARK TWAIN WILD WEST FEST Street Fair held on October 20, 2018.

I, \_ \_, warrant that I have the authority to bind Angels Camp Business Association/Angels Camp Commemorative Committee to the Waiver for Participant(s), and by my signature here on bind this individual/organization. By executing this Waiver as an Authorized Representative, I am/we are hereby binding any individual from my/our organization that participates in the event to this Waiver and hereby assume responsibility for these individuals.

* I understand and will abide by the conditions set forth in this application.
* I hereby release Angels Camp Business Association (ACBA), Angels Camp Commemorative Committee (ACCC), and The City of Angels Camp from any and all liability for any damage, injury or loss of any person or goods which may arise from the rental and occupation of space during the event, and agree to hold ACBA, ACCC and the City harmless of any loss by reason thereof.
* I will leave the reserved space in the same condition as before the event.
* I will dispose of any trash generated by my booth or my customers.
* I understand that my booth fee is non-refundable and understand this is a rain or shine event.

I understand by affixing my signature to the Waiver that I do assume all risks and waive defendant’s negligence, including a release to heirs.

Name of Individual/Organization (please print legibly)

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorize Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*A signature of Parent or Guardian is required for all participants who are under 18 years of age.*

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_