



INDEPENDENCE DAY 2018
LAKEPORT 4TH OF JULY CELEBRATION
TUESDAY, JULY 4TH 11 AM TO 9 PM

Food or Arts & Crafts Booth Application

Name _____ Business Name _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Product Description _____

Booth Fees:	Arts & Crafts	10x10	\$100.00
	Food	10x10	\$125.00
	Business License		\$ 14.00
	Electrical		\$ 20.00
	Total Paid \$	_____	

Insurance Carrier: _____

Policy Number _____ Exp. Date _____

Your booth must fit within the boundaries of your purchased space. This includes all containers, garbage receptacles, stock, etc. If you do not fit within your purchased space, you will need to pay the price of the next sized space. You are to provide your own UL approved electrical cords for power hookup. LMSA will provide access to power. To ensure reservations, you must fill out and return the **“One Time Business License”** application, our **“Hold Harmless Agreement”** and **booth application** with your payment. **FOOD VENDORS MUST OBTAIN A HEALTH PERMIT.** To do so, call 707-263-1164.

Note: The vendors who participated in last year’s celebration will be given preference for both products sold and booth space until May 1, 2018. All applications must be received by May 31, 2018.

Event will go on “Rain or Shine”. BOOTH FEES ARE NOT REFUNDABLE!

Signature _____ Date _____

Please make check payable to: Lakeport Main Street Association (LMSA), Mail to PO Box 1032, Lakeport, CA 95453 Phone (707) 263-8843



INDEPENDENCE DAY 2018
LAKEPORT'S 4TH OF JULY
CELEBRATION
TUESDAY, JULY 4, 2018
HOLD HARMLESS
AGREEMENT

_____, hereinafter "Exhibitor" has permission to use a space on Park Street for the Lakeport Main Street Association's Street faire, between the hours of 8 AM and 10 PM on Tuesday, July 4th, 2018 for the purpose of exhibiting and/or selling the following items:

In consideration of allowing the above, and to the fullest extent permitted by law, "Exhibitor" agrees to indemnify and hold harmless the City of Lakeport, the County of Lake, the Lakeport Main Street Association, their officers, agents and/or employees against and from any and all claims, lawsuits, damages, losses, expenses and cost, brought for, or on account of, damages or loss of any items in exhibitor's space or injuries to or death of any person or persons, including "Exhibitor" or damage to or destruction of property, arising out of, or other occurrence during or in connection with, the foregoing event.

Signature: _____ Date _____

This agreement MUST be signed and enclosed with any and all booth applications in order to reserve booth space. A "One Time Business License" application must also be submitted.

Sponsored by the
Lakeport Main Street Association
PO Box 1032, Lakeport, CA 95453
(707) 263-8843

CITY OF LAKEPORT
 225 Park Street
 Lakeport, CA 95453
 Phone: (707) 263-5613 x20
 Fax: (707) 263-9413
www.cityoflakeport.com

ONE-TIME BUSINESS LICENSE

FEE \$14
STATE REVOLVING FUND
(\$4.00)
 Receipt # _____

A One-Time Business License is valid for one job/project <u>and</u> not longer than thirty (30) days. Only two (2) one-time business licenses may be issued per fiscal year (July 1 through June 30). An annual business license will be required after the issuance of two one-time licenses in a fiscal year.	Businesses participating in Special Community Events (i.e., Dickens Fair, car shows, craft fairs, etc.) may obtain more than two (2) one-time business licenses per fiscal year. If you are selling non-edible items – you must have a Seller's Permit issued by the California State Board of Equalization and must properly report all sales taxes generated in the City of Lakeport.
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	BUSINESS INFORMATION	OWNER INFORMATION
NAME:		
STREET ADDRESS		
CITY, STATE, ZIP		
MAILING ADDRESS		
CITY, STATE, ZIP		
PHONE NUMBER		

E-MAIL ADDRESS: _____

TYPE OF BUSINESS _____

JOB / PROJECT ADDRESS _____

DATES WORK TO BE COMPLETED: FROM _____ THROUGH _____

LEGAL STATUS (check one): SOLE PROPRIETORSHIP ___ PARTNERSHIP ___ CORPORATION ___

TAX RESALE NUMBER _____

FED. EMPLOYER'S ID # _____ STATE EMPLOYER'S ID # _____

OWNER'S SOC. SEC. # _____ STATE CONTRACTOR'S LIC. # _____

BEFORE THIS APPLICATION IS APPROVED, YOUR STATE CONTRACTOR'S LICENSE STATUS WILL BE VERIFIED BY THE CITY.

UNDER PENALTY OF PERJURY, I STATE THAT I HAVE READ THE ABOVE AND CERTIFY THAT THE INFORMATION IS TRUE AND CORRECT.

SIGNATURE**TITLE****DATE**

OFFICE USE ONLY:		
CONTRACTOR'S CURRENT LICENSE STATUS WITH STATE: Active ___ Suspended ___ Revoked ___		
COMMUNITY DEVELOPMENT DEPARTMENT: Approved ___ Denied ___ Date: _____		
COMMENTS: _____		
BUILDING DEPARTMENT: Approved ___ Denied ___ Date: _____		
COMMENTS: _____		