



Maricopa Chamber of Commerce
 PO Box 1203
 44870 W Hathaway, Ste 5
 Maricopa AZ 85139

Founders Day Non Food Vendor Request/Agreement

Pacana Park, 19000 N. Porter Rd.

6th Annual Founders Day Festival – Saturday, October 10, 2009 **70 SPOTS AVAILABLE** EVENT HOURS: 2-8 pm **SET-UP** 10:00 – 1:30 pm

PLEASE ATTACH YOUR RECEIPT or PAYMENT TO THIS FORM. Space is limited with only 75 spots available. It is very important that this form be complete and accurate. Prior to the event you will receive a vendor packet. You are responsible for the information in the confirmation packet and must follow all the rules and regulations in order to participate in the event. The confirmation packet will have details pertaining to set-up times and locations. The confirmation letter will reiterate that you will be held responsible for the clean up of your booth space and could be fined up to \$100 if trash is left in your area or the space/turf is damaged. **Please note the fees and deposit due dates. If your fees are not paid in full by the given due date, your space will not be reserved and this will result in additional fees if space is still available.** All fees are subject to change at the discretion of the City of Maricopa. By returning this vendor request form you agree to abide by all the rules and conditions set forth by the City of Maricopa. **WE WILL BEGIN ACCEPTING FORMS ON AUGUST 24, 2009.**

FEE (non-refundable): See Fee Schedule below & choose a category.

FEE DUE UPON Registration and space selection

CANCELLATION OF VENDOR SPACE: Vendor fees are NOT refundable under any circumstances

	Vendor Category	Vendor Type	Founders Day	
	1	Non-Food Vendor	\$90	
	2	Artist	\$90	

- All Vendor fees include trash removal

RULES & REGULATIONS

VENDOR SPACE: All non-food vendors have the opportunity to choose their space on a **FIRST PAID BASIS**. Should you not specify your choice, The Maricopa Chamber of Commerce will choose a space for you. **City of Maricopa businesses and non-profits** will be given first priority over vendors from other areas in the county or outside the county. Maricopa Chamber of Commerce reserves the right to relocate booths at any time for the greater good of the event.

PAYMENT FOR VENDOR SPACE: **PAYMENT IN FULL WITH COMPLETED VENDOR FORM. FIRST COME, FIRST SERVED UNTIL SPACES ARE SOLD OUT.** Any returned check will be charged a \$35.00 fee. Failure to pay the appropriate fee will result in loss of vendor space.

USE OF VENDOR BOOTH SPACE: No vendor shall dispense or share the assigned space. All demonstrations, sales and/or promotional activities, and distribution of merchandise, flyers, and promotional materials shall be confined to the limits of the vendor space.

BUILDING AND FIRE DEPARTMENT REGULATIONS: All vendors are required to attend the vendor meeting as scheduled to ensure compliance with the City of Maricopa Fire Department and Building Department regulations. Inspections will be completed by the City prior to the start of each event.

CITY OF MARICOPA LICENSING REQUIREMENTS: All potential vendors for any City of Maricopa Special Events must have a valid business license minimum of two weeks prior to event date. If you are unsure on the status of your license, please contact the City of Maricopa at 520.568.9098. Failure to present a valid business license will result in loss of vendor space. **Non profits are the only exception to this policy.**

LOADING IN & LOADING OUT: The Maricopa Chamber of Commerce and the City of Maricopa will NOT be providing staff or equipment to assist you with your items. You will be allowed to drive to your spot and unload and reload your things. In & Out time will be determined by booth number and careful consideration should be taken when selecting your spot.

GENERATORS: Generators will only be allowed in designated areas. If you are planning on bringing a generator please refer to the booth map when you choose your spot.





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VENDOR NAME: _____ CONTACT: _____

VENDOR ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ CELL: () _____ FAX: () _____ EMAIL: _____

ARIZONA STATE SALES TAX NUMBER: _____

All vendors are responsible to submit Arizona State Sales Tax when applicable.

CITY OF MARICOPA BUSINESS LICENSE NUMBER: _____

All vendors are responsible to submit a City of Maricopa Business License number when applicable.

TYPE OF SETUP OR EQUIPMENT USED: (tent, table, cart, trailer, propane, electric...)

You will be provided with a 10'X12' space at the event.

PARKING & STAFFING FOR YOUR BOOTH:

Number of loading vehicles (Max 2) Number of on-site staff (Max 6) Number of parked vehicles (Max 2)

Including trailers, parking is reserved to a specific area at the park. Any vehicle requiring more than a combined total of two parking spaces in length and/or width requires special accommodation, and must be brought to the attention of the special event staff two weeks before the event.

Please note: City of Maricopa Special Events draw 7,000 or more participants. Your booth should be adequately staffed to avoid long lines. Remember, these are condensed events. Event patrons will be arriving at the same time and most will stay for the duration of the event.

What will you be doing/promoting at your booth?

List Menu/Products to be sold (list prices for menu items)

Table with 2 columns: Item description and Price. Includes 5 rows for listing items and prices.





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VENDOR WAIVER

_____**INITIAL HERE:** I understand that any items not on the above or attached list cannot be sold.
I, (print your name) _____ as the authorized agent for the above named organization agree to hold the City of Maricopa & The Maricopa Chamber of Commerce harmless for theft of, damage to, loss or destruction of merchandise, materials, equipment, or personal property which I may have on the grounds of a City of Maricopa special event. I also understand that the City of Maricopa or the Maricopa Chamber of Commerce will not be held responsible for sales, weather, or other unforeseen revenue losses and does not guarantee revenues or numbers of event patrons. I also certify that the above named organization is in compliance with all State health and tax regulations and if applicable, operations are appropriately permitted by Pinal County. All requests are subject to acceptance by the Maricopa Chamber of Commerce the decision is final. I understand that my signature holds me responsible for the information included in all pages of this request. Cancellations within 30 days of the event will not be refunded and no negotiations will be made outside of this agreement.

* I understand that this is a request form only until signed by a Maricopa Chamber of Commerce staff person. Once this form is signed by both parties it will be considered a binding agreement.
By signing below I agree to abide by the rules and conditions set forth by the Maricopa Chamber of Commerce.

VENDOR SIGNATURE: _____

DATE: _____

MARICOPA CHAMBER OF COMMERCE SIGNATURE: _____

DATE: _____

FAX TO: 520-423-3068 or **MAIL TO:** Maricopa Chamber of Commerce, Attention: Founders Day, PO Box 1203, Maricopa, AZ 85139

For questions please contact:

Terri Kingery, Executive Director
Phone: 520.568-9573 Email: tkingery@maricopachamber.com

FOR OFFICIAL USE ONLY	
Date Received _____	Decline Sent _____
Received by _____	Duplication _____
	Theme _____
	Late _____

