



EVENT Application (page 1 of 2)

1. Name of Business or Group:

2. Contact Person:

3. Address:
Street City Zip

4. Telephone: Day / Evening Fax:

5. Email: Website:

6. These permits are needed after approval:

Banning Business License Exp. Date

*(Food vendor) Riverside Health Permit Exp. Date

*Utilize EVENT's blanket permit for an additional fee – Yes No

(Food/pets/rides) Certificate of Ins. Exp.Date

*Naming the Banning Cultural Alliance as the additional Insured

7. Items to be sold or distributed choose one category (please include photos &/or brochure):

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Antique / Collectibles | <input type="checkbox"/> Clothing | <input type="checkbox"/> Food | <input type="checkbox"/> Art |
| <input type="checkbox"/> Gifts / Speciality Item | <input type="checkbox"/> Hand Crafts | <input type="checkbox"/> Household Items | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewelry | <input type="checkbox"/> Fruits / Veget | <input type="checkbox"/> Certified Farr | <input type="checkbox"/> Information |

List all items for sale (items not listed can not be sold) may include additional page as addendum #7

8. FEES

Base fees have been established to mitigate some of the costs associated with operating this EVENT. Fees are based on a per EVENT basis, and include the vendors' share of the following expenses: street cleaning and sweeping; trash pick-up; portable toilet facilities; police; advertising and event preparation.

9. The undersigned acknowledges receipt of this EVENT rules and regulations outlined by the Alliance, and agrees that he/she will comply with said rules. Noncompliance will result in removal of said participant from the event. The undersigned further certifies that he/she is responsible for the activity, and is authorized to: a) execute on behalf of the group; and b) accept legal process on behalf of the group. The undersigned also agrees to indemnify and hold harmless the City of Banning & the Banning Cultural Alliance from all damages, liabilities, costs and expenditures, including attorney's fees and costs of defense, which may occur by reason of use of the street for this EVENT activities.

Date: Signature: _____

Booth Type , How Many , Balance Due \$

~ Credit cards can be processed on-line @ BanningCulturalAlliance.org ~



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All fees must be paid in advance to participate. If your payment is not received on time and an RSVP has been made, we will charge your credit card two weeks before event for which you applied. In the event that a waiting list has been established & payment is not made, vendors shall lose their current space assignments, and shall be placed at the bottom of the master vendor list.

The Alliance recognizes the fact that situations may arise which prevents participation. Vendors should inform EVENT staff 24 hours in advance if they are unable to attend EVENT. Credit and space can only be held for one week. Failure to provide staff with 24-hour notice shall result in the loss of any fees paid.

Every Business needs a City of Banning Business License (fill in application below)

	<h2 style="margin: 0;">CITY OF BANNING</h2> <p style="margin: 0;">99 E. Ramsey Street • P.O. Box 998 • Banning, CA 92220 Attn: Business License Dept. • (951) 922-3126 • Fax (951) 922-3165</p> <h3 style="margin: 0;">SPECIAL EVENTS VENDOR BUSINESS TAX CERTIFICATE APPLICATION</h3>	<p style="text-align: center; margin: 0;"><u>OFFICE USE ONLY</u></p> <p>Acct. No. _____</p> <p>License Tax \$ _____</p> <p>Date Paid _____</p> <p>Check No. _____</p> <p>By: _____</p>
Special Event: <input style="width: 350px;" type="text"/> Operating Dates: <input style="width: 200px;" type="text"/>		
Business/Organization Information:		
Owner/Contact Person Name: <input style="width: 300px;" type="text"/>		Phone #: <input style="width: 150px;" type="text"/>
Business/Organization Name: <input style="width: 800px;" type="text"/>		
Business/Organization Address: <input style="width: 800px;" type="text"/>		
City Business Tax Certificate #: <input style="width: 100px;" type="text"/>	Description of Business: <input style="width: 600px;" type="text"/>	
Type of Business/Organization:		
<input type="checkbox"/> Non-Profit Org.	Federal ID No: <input style="width: 150px;" type="text"/>	Please attach copy of non-profit determination by I.R.S.
<input type="checkbox"/> Private/Commercial	Resale No.: <input style="width: 150px;" type="text"/>	Social Security No/Federal Tax ID #: <input style="width: 150px;" type="text"/>
\$5.00 per day (added to your booth fee)		
I declare under penalty of perjury, that the information in this application is true and correct.		
Signature: _____		Date: <input style="width: 150px;" type="text"/>