

LAUREL STREET FESTIVAL VENDOR APPLICATION & CONTRACT

SATURDAY, AUGUST 9TH, 2008 1:00PM-6:00PM

We look forward to your participation. Please send your completed application and payment to:

Laurel District Association, 4002 MacArthur Blvd. Oakland, CA 94619 ATTN: Laurel Street Festival

Please Circle One:

(Please Note: There is a \$35.00 Return Check Fee)

Vendor Concession Booth EARLY BIRD received on or BEFORE June 15th, 2008: \$125.00

Vendor Concession Booth REGULAR received AFTER June 15th, 2008: \$150.00

Vendor Concession Booth LATE received AFTER JULY 15th, 2008: \$175.00

Applications must be RECEIVED by deadline dates to qualify for that rate.

**** FOOD VENDORS: DO NOT use this form. Please use special FOOD VENDOR APPLICATION.**

Company or Applicant Name: _____

Main Contact: _____

Home Phone: _____ Fax: _____

Email: _____ Website: _____

Mailing Address: _____

Business License #: _____ CA Resale #: _____

Items to be sold / promoted: _____

**** CANOPIES & TABLE COVERINGS ARE REQUIRED FOR ALL BOOTHS. NO EXCEPTIONS! ****

Extra amenities required: (Put / or ----- if not needed) How Many?	Canopies @ \$60.00	Tables @ \$20.00	Chairs @ \$6.00
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**** NOTE: There is NO ELECTRICAL ACCESS and no generators will be allowed without prior authorization. ****

I, _____ do hereby release and HOLD HARMLESS the Laurel Street Festival, the Laurel District Association, its officers, directors, members, employees, agents, all other persons acting on its behalf, any of the businesses in the Laurel Business District and the City of Oakland from any and all causes of action, liability, damage, loss, expense, including attorney fees, court costs and Worker's Compensation claims arising out of the participation and performance of myself or any person(s) authorized by me or my organization, to transact business, volunteer, or participate in any activity for this event conducted on my behalf.

I understand that no coverage is bound or in force.

I ACCEPT FULL RESPONSIBILITY for any medical incident or injury to myself, or any person(s) conducting, promoting and transacting business and/or serving as any representative on my behalf.

I have read, understood and accept all terms stipulated in this contract.

Applicant's Signature (or Representative): _____

Name (Print): _____ **Date:** _____

OFFICE USE ONLY:

Amount: \$ _____ Check #: _____ Date Rcvd: _____ Packet Mailed: _____

Booth #: _____ Final Instructions Mailed: _____ Survey Mailed: _____

Survey Received: _____

Laurel District Association

4002 MacArthur Blvd. Oakland, CA 94619 USA streetfest@laureldistrictassociation.org

Phone: 510.482.5921 Fax 510.482.3921 www.laureldistrictassociation.org ©2008 LAUREL DISTRICT ASSOCIATION