

Annual Malibu Chili Cook Off

Vendor Application

SEPTEMBER 1, 2017 thru SEPTEMBER 4, 2017

Name _____

Business Name _____

Resale Permit Number _____

Address _____

Phone _____ Email _____

Items to be displayed/sold (Please be specific. You may not sell items not listed on this application.

Attach additional
sheet if necessary):

*Please attach copy of Liability Insurance

No Application will be accepted after August 14, 2017

FEE Amount: \$500

Electrical \$75 (paid on site to contracted electricity provider

Mail Application, Cashier's Check or Money Order

Payable to: Kiwanis Club of Malibu

P.O. Box 22 Malibu, CA 90265

If paying by MasterCard or Visa: email the application to info@malibukiwanisclub.com

Address for card should match address on application. If not provide address attached to card account.

MC VISA (CIRCLE ONE)

NUMBER _____ EXP _____

CVV: _____ DATE _____

SIGNATURE _____

Today's Date _____

EVENT INFORMATION AND FEES

THANK YOU FOR YOUR INTEREST! WE WELCOME YOUR PARTICIPATION!

ENTRY FEE IS NON-REFUNDABLE!

Space is limited: Application accepted on a first come/ first served basis

FEES ARE AS FOLLOWS:

- 10'x10' BOOTH \$500

-Electricity Fee \$75 (optional must be paid directly to electricity provider at event)

A confirmation letter will be mailed out after check deposits and credit card transactions have posted. No Fireworks, Firearms, Alcohol or Animals are allowed into the event site!

No pre-empting or switching of booth space! Violation of these rules will result in Vendor being removed from the premises without refund of booth fee.

Vendors are required to be open for the entirety of the event Friday – Monday.

I hereby release the Kiwanis Club of Malibu from any and all liability on account of personal injury or property damage caused by theft, fire, public catastrophe, acts of God or any other cause. I agree to indemnify the Kiwanis Club of Malibu if it suffers any loss or damage on account of any action or negligence on my part. I will provide and show proof of my own liability insurance.

I have read and clearly understood my responsibilities. I agree to abide by all the terms and conditions. I certify under penalty of perjury under the laws of the State of California that the forgoing is true and correct to the best of my ability.

By signing below, you are agreeing to all terms and conditions set forth herein.

I agree to the terms of this agreement: _____

For information please call Sal Cirnigliaro (818) 588-5767 or email info@malibukiwanisclub.com