



CITY OF VICTORVILLE
COMMUNITY SERVICES DEPARTMENT
DEPARTMENT

VENDOR BOOTH APPLICATION

Fall Festival

Saturday, October 5, 2024

1:00-7:00 p.m.

14343 Civic Drive

Victorville, CA 92393

Food Vendor Space-\$200.00

Retail/Display Space- \$100.00

Non-Profit Space- \$50.00

Daily Business License- \$35.00

BOOTH SPACES ARE 10x10 ft.

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- The City of Victorville will assign location for all vendors. All spaces are 10'x 10'. No canopies larger than 10'x10' are permitted.
 - The City of Victorville will NOT provide electricity, tables, chairs, or canopies. This should be considered when establishing the items to be sold.
 - Vendors are responsible for setting up and breaking down their own space, which includes tables, chairs, water, and/or shelter.
 - Setup time begins at 7:00 am. and concludes at 10:15 am for the Fire Inspection.
 - All vendors and items are subject to approval by The City of Victorville Community Services Department.
 - The City will do its best to not take duplicate items. Not all items on your application may be approved.

Refunds will not be granted unless event is cancelled by the City

For information on becoming a vendor please contact
Event Coordinator Jill Garren at jgarren@victorvilleca.gov or 760.951.3811

Return Application by Friday, September 6, 2024 to:

City of Victorville, Attn: Jill Garren
14343 Civic Dr.
Victorville, CA 92392



CITY OF VICTORVILLE COMMUNITY SERVICES DEPARTMENT

Fall Festival

Vendor Information—Please Print Clearly Using Black or Blue Ink

Food Vendor Booth (\$200) Retail/Display Booth (\$100) Non-Profit (\$50)

NAME: _____ BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ CONTACT PHONE NUMBER: _____

Vendor Type: _____ CA Sellers Permit #: _____ Business License #: _____

BRIEF DESCRIPTION OF ITEMS FOR SALE: _____

BRIEF DESCRIPTION OF YOUR SETUP (i.e. canopy, generator, extra footage): _____

If selected to be a vendor at this event, you will be required to submit the following:

- City of Victorville Community Service Department Waiver (enclosed)
- Copy of City of Victorville Business License **(one day business license no longer accepted)**
- Copy of San Bernardino County Health Permit - Can be obtained at the **San Bernardino County Health Department, 15900 Smoke Tree St. Ste. 131 Hesperia, CA (Food Vendors Only)**
- Liability Insurance which names the City of Victorville as additionally insured, and additionally insured endorsement page. Insurance requirements: Minimum \$1,000,000 General Liability, \$2,000,000 aggregate per occurrence. **Food vendors only**
- Vendor Fees: credit cards accepted; Money orders should be made payable to City of Victorville. No personal checks.

The City of Victorville will **NOT** provide electrical hookups. This should be considered when establishing items to be sold. **Vendors are responsible for setting up and breaking down their own booth, which includes tables, chairs, water, and/or shelter and electricity.** Setup time begins at 9 a.m. and concludes at 12:15 p.m. You will NOT be permitted to drive in to set up after 11:15 a.m. for safety reasons. Refunds will not be granted. All booths are subject to approval by the City of Victorville Community Services Department.

Print Name: _____

Signature: _____ Date: _____

PLEASE RETURN THIS APPLICATION BY Friday, September 6, 2024

AGREEMENT & RELEASE OF LIABILITY – RECREATIONAL PROGRAMS

In consideration of the use of the property, facilities, and/or services of the City of Victorville's Community Services Department ("CSD") or any other branch of the City of Victorville ("City") participating or sponsoring recreational programs, including travel related thereto, the undersigned agrees as follows:

1. **RISK FACTORS:** The undersigned agrees and acknowledges that the use of equipment, facilities and services provided by CSD and/or City, including but not limited to, physical sports, dance, aerobics, swimming, arts and music, gymnastics, and cheerleading, involves risks such as, but not limited to, PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care.
2. **ASSUMPTION OF RISK:** The undersigned ASSUMES ALL RISKS THAT ARISE OUT OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACT OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE, including but not limited to, those risk factors described in Section 1 above.
3. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES:** The undersigned acknowledges reading and knowing all of the policies the procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures.
4. **RELEASE:** The undersigned on behalf of himself/herself and his/her heirs, successors, assigns and anyone claiming through or under any of the foregoing, hereby RELEASES, acquits and forever discharges RLD, City, any successors and assigns,(the "RELEASED PARTIES") and all past present and future officers, employees, agents, representatives, attorneys, accountants, and insurers of the RELEASED PARTIES, of and from any and all claims, damages, debts, demands, obligations, costs, expenses, accounts, losses, liabilities, liens, actions, proceedings and causes of action of every kind or nature, whether known or unknown, suspected or unsuspected, arising out of the activity, the use of RLD or City property or equipment, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions, negligence, or fault of third parties or of the RELEASED PARTIES. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.
5. **WAIVER:** The undersigned waives the protection afforded by statute or law in any jurisdiction including California Code Section 1542 whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know of or suspect at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.
6. **PROPERTY DAMAGE:** The undersigned understands he/she is responsible for any loss, theft, or damage to any property or equipment owned, operated or maintained by CSD and/or City while the undersigned is using said equipment or property. The undersigned agrees to pay for any and all damage caused by the undersigned, either negligently, willfully, or otherwise.
7. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.
8. **INSURANCE:** The undersigned understands that CSD and/or City do not provide participant insurance. When applicable, the undersigned is encouraged to have a physical examination and to maintain health insurance prior to any and all participation in any activities offered by RLD and/or City.

Printed Name Signature Date

FOR OFFICE USE ONLY

Forms Completed & Submitted:

Application
 Waiver/Release
 Business License Payment
 BOE
 Insurance
 Health Permit

Vendor Type _____ Booth No. _____

Receipt No. _____ Payment: Check No. _____ Cash _____ Credit Card _____