

*10th Annual CINCO de MAYO FIESTA Downtown Yakima
Vendor Application
MAY 6 - 8, 2011
Friday 6-9 p.m., Saturday 10-8 p.m. & Sunday 10-7 p.m.*

Business Name/Organization: _____	
(Must provide a copy of Business License)	
Contact Person: _____	Cell # _____
Address: _____	
Bus Phone _____	Fax _____ Email _____
Booth space required: (10' x 10') _____ # of spaces (10' x 20') _____	
List your Food Menu or Items to be sold. FOOD VENDORS: Please contact the Yakima Health District at (509) 249-6545 or 1-800-535-5016 for your Permits.	
Type of Vendor:	1. ___ Food/Type of food _____ 2. ___ Beverages: _____ 3. ___ Retail/Type: _____ 4. ___ Arts and Crafts: _____ 5. ___ Information Booth/Type: _____

Booth Space: Red Zone \$300 Sat & Sun (Near Stage) Blue Zone \$200 Sat & Sun. Additional Space \$100

Deadline: April 22, 2011. A \$50 late fee will apply after deadline. No booths will be added after 4/22/11. All Payments are Non-Refundable

Important Notice: City electrical outlets will be only is allowed for vendors with tarps. No mobile trucks will be allowed to hook up due to problems/danger of overloading circuits and cord dangers. Availability is based on when space is paid. If you need more electricity, you will need to rent/share a generator with other vendors.

- Will you bring a tarp & need electricity? Yes ___ No ___
- Will you use a generator? If yes, will you share a generator? Yes ___ No ___
- Need copy of business liability insurance for all food vendors. _____
- Need copy of auto proof of insurance to bring vehicle on site. _____

I have read the Cinco de Mayo rules and agree to abide by them and all laws, codes, and regulations; cooperate with the booth committee chair in providing all required information and fees on time. I agree to indemnify and hold harmless the Cinco de Mayo Committee; Hispanic Chamber of Commerce; City of Yakima and any other officers, employees, representatives, directors, or agents from any and all liability, claims, suites, damages, levies, costs, losses and fees including attorney fees, arising out of or related to my activities with the Cinco de Mayo Fiesta .

Signature: _____ Date: _____

For more information contact the Hispanic Chamber of Commerce at 509.453.2050