

Dear Vendor,

We are looking forward to your participation at this year's Tracy 4th of July event. Please review in detail all of the information in this packet and note changes that have been made in order to improve the event such as **NEW Event hours!**

Important Vendor Information:

- Vendor hours are **12:00 p.m. - 8:00 p.m.**
- Vendor set-up time is **10 a.m.**
- Food vendors **must** provide their own generators.
- Vendors may **sell water/soda**.
- Insurance is **mandatory** for all vendors as outlined in the rules and regulations.

www.actinspro.com

www.dhcins.com

www.csicoverage.com

www.specialityinsuranceagency.com

Please do not hesitate to contact our office with any questions or concerns at (209) 835-2131

We look forward to working with you this year!

Tracy Chamber of Commerce Staff

**4th OF JULY
DAY~IN~THE~PARK 2020**

12:00pm – 8:00pm
Tracy Chamber of Commerce
223 E. 10th Street Tracy CA 95376
209-835-2131 Phone
209-833-9526 Fax
info@tracychamber.org

Happy July 4th



ATTENTION VENDOR

APPLICATION DEADLINE: June 12, 2020
Full payment due with application

- *No Vendor vehicle(s) on grass
- *Food vendors can sell water & soda
- *Food Vendors required to supply own electrical generator

Company/Organization: _____

Contact Name: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip _____

Telephone (day): _____ (evening): _____

Fax: _____ Email: _____

VENDOR FEES

Please indicate # of 10x10 spaces needed and what type:

Booths with Sales

- ___ Food Vendor \$175
- ___ Arts & Craft \$90
- ___ Non- Profit Organization \$90
- ___ Commercial \$120

Booths with NO SALES- Promotional Only

- ___ Non- Profit Organization \$75
- ___ All Other \$100

Special Requests

- ___ Corner space additional \$50

Payment Information Check # _____ Cash _____ Visa _____ Master Card _____ Amount Paid _____
 Visa/MC # _____ Expires _____ / _____ Zip code _____
 Name on Card _____ Signature _____

- ☆ Applicant is a Charitable/Non-Profit Organization Tax-ID _____ (required)
- ☆ Valid current Sales Permit Number : _____ (required for all booths with sales)

EVENT REQUIREMENTS

Please provide a description of all items to be included in your booth. All applications must provide one or more color pictures of the featured merchandise to help in the selection process. Please do not send your original. We will keep this information on file at our office.

Event Rules, Polices and Procedures

Application:

Applicants must complete all pages of this application. Any changes made to the application must be submitted in writing to the Chamber for approval.

Acceptance

The Tracy Chamber of Commerce reserves the right to reject any and or all applicants. You will receive notification of your acceptance or rejection. Assignments of any available space(s) through cancellation or no-shows will be left to the discretion of the selection committee.

Booths

Exhibitors are to provide their own canopy, displays, tables, chairs, racks, shade, etc., within the assigned space. The Chamber will provide only booth space. **Canopies must be secured to the ground.** Booth space may not be traded, exchanged or assigned to others.. **Booths, exhibits and trailers must fit in and be no longer than 10'X 10' end to end. If larger than 10'X 10 space vendor will be required to pay for additional booth space.** The Chamber reserves the right to control repetition or duplication of items being sold. Exclusivity is not guaranteed to booth vendors. Each booth will be inspected during the day and any equipment not listed in this application will be removed from the booth or the booth will be closed. All cooking booths utilizing tents or canopies are required to be manufactured fire retardant with tags affixed to the membrane or materials maybe treated with an approved flame retardant and shall be maintained in fire resistant condition. Tents without tags, maybe tested in the field by Fire District personnel. (Article 4) CCR T19 Tracy Chamber of Commerce is not responsible for any lost, stolen or damaged property during or after the event.

Health Department Inspection of Food Vendors

Food Vendors must comply with the Safe Food Handling Regulations provided in the attachment. The San Joaquin County Health Department will conduct an inspection of all food vendors at approximately 9:30am. Booths not meeting health code will have the opportunity to make necessary corrections to pass a re-inspection.

Insurance

All participants are required by the City of Tracy to provide a Certificate of Insurance for \$1,000,000 to the chamber, naming the City of Tracy and the Tracy Chamber of Commerce as certificate holders. **Tracy Chamber of Commerce is not responsible for any lost, stolen or damaged property during or after the event. NO EXCEPTIONS**

Fire Extinguishers

Every tent must have a 2A:10BC rated fire extinguisher or better. If commercial cooking, deep fat frying, BBQ or fryers are, being used the requirements changes to a 40B rated extinguisher. **The Tracy Fire Department (TFD) will inspect all tents on the morning of the event. BBQ pit & Fryers are required to be 15ft away from booth.** Any vendors not in compliance with this policy will have 30 minutes to become compliant or close up shop. **This rule will be strictly enforced . No fees will be refunded should the Tracy Fire Department close your booth.**

Electricity/Generators

Food Vendors needing electricity may supply their own generators that are no greater than 10w and are whisper quiet.

Cancellations

In case of a rainout or other such disaster there will be no refunds. **Cancellations after June 5, 2020 will not be refunded.**

The Tracy Chamber of Commerce and its staff **WILL NOT BE RESPONSIBLE FOR LOSSES OF ANY KIND**, whether by fire, theft, physical violence, elements of nature, or any other cause, however originating. The Chamber will provide minimal security for the event. However, participants are responsible for their own merchandise and equipment, its protection and insurance.

Your signature below indicates that you have read the Event Application, including its rules, policies and procedures and **will comply** with them. **Please retain a complete copy of this application for your records.**

Signature

Print Name

Date