



## Vendor Application

Participant's Business Name:	
Contact Person:	Phone #:
Email:	Seller's Resale #:
NON REFUNDABLE F	EE MUST ACCOMPANY YOUR APPLICATION
	Health Department fee is not included above. You must meet and submit the required temporary food facilities forms.
City of Auburn and The Auburn Ar	surance coverage and a completed "accord" certificate naming the rea Chamber of Commerce specifically as an additionally insured. eparately, but it must be on file the day prior to the event.)
Select Ite	m:
Food (Cha	mber Member) - \$100
Food (Nor	n-Chamber Member) - \$125
Non-Food	(Chamber Member) - \$75
Non-Food	(Non-Chamber Member) - \$100
and will abide by the guidelines and be res assume liability for any loss or injury result Chamber of Commerce, the City of Auburr that all fees are non-refundable. I/we agree health, fire prevention and public safety. I/	chorized representative of the entity listed above, that I have read, understood ponsible for all those in my organization to abide by same and that I/we will ting from participating in this event. I/we further agree to hold the Auburn in, its agents, contractors and property owners free from liability. I understand to comply will all fire codes, laws, ordinances and regulations pertinent to lowe agree not to break down booth and leave event before 7pm. I/we agree to esignated areas immediately. I/we agree to leave booth space clean and refuse
Authorized Rep Name:	
Authorized Rep Signature:	

Go Online to submit at auburnchamber.net/Festival-of-lights or mail copy and check to Auburn Chamber of Commerce 1103 High Street #100 Auburn, CA 95603