



**Castroville's 34th Annual Old Fashion Christmas  
December 1 & 2, 2017  
Booth Application**

BUSINESS OR ORGANIZATION: \_\_\_\_\_

CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NO (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

- BOOTH TYPE: (Please circle)    FOOD                      CRAFT                      COMMERCIAL                      OTHER
  - BOOTH LOCATION: (Please circle)    SAME SPOT                      NEW SPOT                      NEW VENDOR
- # \_\_\_\_\_ (we will contact you)

**Payment must be received by 8/25 to guarantee same booth as last year.**

Brief description of merchandise and booth (Please enclose updated photos and/or website URL):  
\_\_\_\_\_

\*State Sales Tax & Use Permit No: \_\_\_\_\_ (must be active & have a copy on file).

If N/A, please explain: \_\_\_\_\_

- |  |    |                                       |
|--|----|---------------------------------------|
| _____ One Booth Space (12x12)                          | or | _____ Two Booths Spaces (12x24)       |
| _____ Saturday Only: 9am to 4pm:                       |    | \$70 per space (Non-profits are \$50) |
| _____ Friday Night: 6pm to 10pm & Saturday: 9am to 4pm |    | \$95 per space (Non-profits are \$85) |

I understand that I am responsible for the collection of all Sales Tax. City of Castroville's sales tax rate is 8.25%. For information on sales tax, call the State Tax Assistance Section, 1-800-252-5555. **WE WILL NEED A COPY OF YOUR ACTIVE STATE SALES TAX & USE CERTIFICATE IN ORDER TO COMPLETE YOUR APPLICATION. WITHOUT A COPY, YOU WILL NOT BE ASSIGNED A BOOTH.**

**Old Fashion Christmas is a "Rain or Shine" event. Refunds will not be given due to inclement weather.**

I further understand that the Castroville Area Chamber of Commerce and the Old Fashion Christmas Committee shall not be liable or responsible for any and all claims or damages of any kind; for injury to or death of any person or persons, and for damage to or loss of property arising out of or attributed, directly or indirectly, to the operation or performance of the undersigned. I also recognize and agree that the Castroville Area Chamber of Commerce and the OFC Committee and its representatives are in no way responsible for any action of vendors or their helpers or employees. I have read and I understand and accept all provisions of this letter of agreement and rules and regulations and will abide by all requirements of the Castroville Area Chamber of Commerce.

**Vendor Signature**

**Date**

***(Please complete vendor checklist)***

**VENDOR CHECKLIST:**

- \_\_\_ Completed and Signed Application
- \_\_\_ Check or money order for booth fee
- \_\_\_ \*2 photos of items to be sold
- \_\_\_ Self-addressed business sized stamped envelope
- \_\_\_ \* Copy of State Sales Tax & Use Certificate (COPY)
- \_\_\_ Food Vendors – Health permit (COPY)
- \_\_\_ Agreed and Signed Rules and Regulations

**COMMITTEE CHECKLIST:**

**(For Office Use Only)**

- Date received: \_\_\_\_\_
- Amount Paid: \_\_\_\_\_ Ck # \_\_\_\_\_ Cash    CC \_\_\_\_\_
- Accepted
- Assigned Booth# \_\_\_\_\_
- Rejected
- Date informed/ck. returned \_\_\_\_\_