44TH ANNUAL BORREGO DAYS DESERT FESTIVAL 2009
"STARRY STARRY NIGHTS"
COMMERCIAL VENDOR APPLICATION

EVENT TIMES:
SATURDAY, OCTOBER 24TH 9:00 AM – 5:00 PM
SUNDAY, OCTOBER 25TH 8:00 AM – 3:00 PM

APPLICANT INFORMATION

BUSINESS NAME

APPOINTED REPRESENTATIVE

MAILING ADDRESS

PHONE NUMBER (DAY) EVENING

CALIFORNIA STATE RESALE LICENSE NUMBER DRIVER'S LICENSE NUMBER

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

FEE INFORMATION

COMMERCIAL VENDOR FEE: $130.00

THIS FEE IS FOR BOTH DAYS. ONLY 2-DAY PACKAGES ARE AVAILABLE. ALL VENDORS MUST PROVIDE THEIR OWN BOOTHS. FEE MUST BE INCLUDED WITH APPLICATION SUBMISSION. SELECTION OF SPECIFIC BOOTH LOCATION IS AVAILABLE ON A FIRST-COME, FIRST-SERVED BASIS, AND AT THE DISCRETION OF THE BORREGO SPRINGS CHAMBER OF COMMERCE.

APPLICATION DEADLINE: AUGUST 28, 2009

OFFICE USE ONLY: DATE RECEIVED __/__/__ FEES PAID: _____ APPLICATION COMPLETE: _____

COMMERCIAL VENDOR RESPONSIBILITY

PLEASE PROVIDE THE FOLLOWING WITH APPLICATION:

*** CALIFORNIA STATE RESALE LICENSE NUMBER**

*** BOOTH PHOTO**

(IF YOU ARE A NEW VENDOR TO THE BORREGO DAYS DESERT FESTIVAL)

PRODUCT INFORMATION

TO PROCESS YOUR APPLICATION WE MUST RECEIVE A COMPLETE DESCRIPTION OF ITEMS YOU INTEND TO SELL. ONCE THE APPLICATION IS ACCEPTED THE ITEMS MAY NOT CHANGE WITHOUT WRITTEN APPROVAL FROM THE BORREGO SPRINGS CHAMBER OF COMMERCE.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PAYMENT

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO BORREGO SPRINGS CHAMBER OF COMMERCE (WITH BORREGO DAYS COMMERCIAL VENDOR ON THE MEMO LINE), AND RETURN WITH YOUR COMPLETED APPLICATION, ALONG WITH PERMITS LISTED ABOVE TO:

BORREGO SPRINGS CHAMBER OF COMMERCE
P.O. BOX 420
BORREGO SPRINGS, CA 92004

OR

COMPLETE THE CREDIT CARD INFORMATION BELOW

_____ _____ _____

CREDIT CARD NUMBER **EXPIRATION DATE** **SECURITY CODE**

_____

NAME ON CARD

ACKNOWLEDGEMENT OF TERMS

I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. I ACKNOWLEGDE THAT IN THE EVENT MY APPLICATION IS DENIED, MY PAYMENT WILL BE RETURNED TO ME.

_____

SIGNATURE **TITLE** **DATE**

APPLICATION DEADLINE: AUGUST 28, 2009

OFFICE USE ONLY: DATE RECEIVED __/__/__ FEES PAID: _____ APPLICATION COMPLETE: _____