

Healthy Family Day 5575 Edison Avenue, Chino, CA 91710 Saturday, April 1, 2023 9:00 a.m.-1:00 p.m.

Internal Use Only:	
Received:	Initial:
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Healthy

VENDOR/ACTIVITY APPLICATION

(Please print clearly or type)

Name of Company/Organization							
Full Name of Person to Contact			Γitle	DO	ιB		
Address	City _			Zip			
Day 2 ()		Cell 🕿 (_)				
Email							
TYPE OF PARTICIPATION (Please check all that apply)							
□ *Non-Profit Information Vendor	Booth (Fee \$15)		**Commercial	I Information Ve	endor Booth (Fee \$30)		
□ *Non-Profit Retail Vendor Bootl	า (Fee \$25)		**Commercia	ıl Retail Vendor	Booth (Fee \$45)		
□ *Non-Profit Food Vendor Booth	(Fee \$30)		**Commercia	al Food Vendor E	Booth (Fee \$65)		
*A 501(c)3 forms must be provided with	this application as proof of I	Non-Profit St	<mark>atus</mark> . **Comme	ercial = Operating a	a Business for profit		
NOTICE: PLEASE BE AWARE OF THE FOLLOWING: PLEASE INITIAL THAT YOU HAVE READ THESE ITEMS: If the event is cancelled due to severe weather, a full refund will be issued for the booth fee. Business Licensing does not provide refunds. Vendor/Applicant must be present for the duration of the event. The City of Chino will not monitor nor guarantee exclusivity of merchandise sales. No refunds for cancellations after Friday, March 17, 2023. EVENT REQUIREMENTS Complete application form and submit payment upon approval of participation from City staff. Submit signed City of Chino hold harmless/waiver form. (See waiver on the back of this form) Current City of Chino Business License. Businesses located outside the City of Chino (who do not have a City of Chino Business License) are required to obtain a "one day" Vendor Permit. One-day permits are \$13. Additional fees may be required by the City of Chino Finance Department, Business Licensing, 909.334.3263. I am a non-profit organization and have a valid 501(c)(3). All Non-profit organizations are required to obtain a "one day" Vendor Permit.							
 □ Fees will be waived upon verification of non-profit status by the City of Chino Finance Department, Business Licensing, 909.334.3263. ■ GENERAL BOOTH INFORMATION ■ Booth set-up will begin at 7:15 a.m. Please have booth set-up completed by 8:30 a.m. ■ A 10'x10' space will be provided for participants. Applicant is responsible for tables, chairs, canopy, canopy weights, etc. If more space is needed, please contact 909.334.3478. 							
 All vendors must bring weights t All applications are subject to appropriate priority goes to sponsors, partners, Electricity will not be provided. GEPAYEE INFORMATION (if paying weights) 	o secure canopies. oval and will be reviewed and health vendors. Sp NERATORS ARE NOT A	ace is limi ALLOWED	ted. for informati	ion and/or reta			
Name Listed on Check or Credit Card _							
Address							
Emergency Contact	Phone ()		Relation	on			

APPLICATION SUBMISSION

Completed applications must be received no later than Friday, March 17, 2023.

Applications must be submitted to:

Attn: Healthy Chino

Phone (day):

Organization (if any):

By E-Mail: healthychino@cityofchino.org

 By Mail: Carolyn Owens Community Center, 13201 Central Avenue, Chino, CA 91710.

Make check/money order payable to: City of Chino

For more information, contact:

• Healthy Chino Office

909.334.3478 | healthychino@cityofchino.org

PLEASE EXPLAIN BOOTH ACTIVITY AND INFORMATION THAT WILL BE DISTRIBUTED/SOLD:				
FOR		VAIVER AND RELEASE HINO SPONSORED PR) JSE OF A CITY OF CHINO FACILITY
Partic	cipant Name:	Activity: Health	y Family Day	
Progra	ram Dates: From: Saturday, April 1,	2023 To: Saturday, A	oril 1, 2023	
and at 1. 2. 3. 4. 5. 6. 7.	My participation, and/or that of my common My participation, and/or that of my common My participation, and/or that of my losses, and I assume all of those ris I am legally competent to understant I waive, and release the City, it of damage, or other loss resulting from I am responsible for payment of all and/or that of my child/children/guar of any kind. I will defend the City and its represent and/or that of my child/children/guar I agree that the City can take photo	child/children/guardians, child/children/guardians, child/children/guardians, ks. ad and accept the associaticials, employees, and my participation in the fees for, and liabilities dians, including damage sentatives against any crdians. graphs and/or film me, a	is voluntary. s, may result in inju- lated risks. volunteers from, al activity, and/or that cand damages resultings to City property, injudians or lawsuits that	ry, death, property damage, and other I claims for any injury, death, property of my child/children/guardians. ing from, my participation in the activity jury to other participants, or other losses at are a result of my willful misconduct n/guardians, while participating in a City or that such photographs and film will be
8.	the sole property of the City and that for the City's use thereof.	t neither I nor my child/c	hildren/guardians wil	instructors established by the City may
9. 10.	I agree that City fliers and class sch			ntract. n a misunderstanding, error, or omissior
11. 12. 13.	I understand that the City reserves to I understand that any individual behalf The novel coronavirus, COVID-19, had the City is following recommended against all possible risks of COVID-hands frequently and must take all no health guidelines. By participating acknowledge the contagious nature	aving inappropriately or has been declared a work steps by County health -19. I understand and a ecessary steps to protect in the activity, potential of COVID-19 and volun	unsafely will be eject dwide pandemic by to officials, the City can acknowledge that past their health consist ally being exposed to tarily assume the ris	e participation/use of rules at any time. Interest and denied future participation. It world Health Organization. Although anot protect participants and their family rticipants are encouraged to wash their ent with federal, state, and county public to others who might have COVID-19, which is that my child or children and I may be sult in personal injury, illness, permanent
I am free w		y and all liability a	gainst the City o	of Chino and do so of my owr
Printe	ed Name:			□ Parent/Guardian
Signa	ature:			Date:
Addre	ess:			

_____ Phone (evening): ______ Phone (cell): _____