



# Vendor Application – Cover Page

(Separate Application for Parade Entry)

(Detach this page from Application and keep for your reference)

## 2024 Happy Trails Street Fair

**Location: John Glenn Rd (Apple Valley- Between Outer Hwy 18 & Powhatan RD)**

**September 7, 2024 10:30AM – 3:00PM**

**Application Deadline: August 28, 2024**

This Event is Part of the 2024 Happy Trails Parade

*(Temp BOE Seller Permits will use Community Center Address)*

*(Address for Sellers Permits Only: 13467 Navajo Rd, Apple Valley, CA 92308)*

## Application Information

### Payment Information:

Make Checks Payable to: Apple Valley Village PBID (not Town of Apple Valley)

Check Only - *Temporary bank checks will NOT be accepted.*

### Paper Application Pick up/Drop off Location:

Town of Apple Valley Town Hall Building – Park & Rec Department  
14955 Dale Evans Parkway Apple Valley CA 92307

**\*\*Email Option:** Vendor Spots will not be secured until payment is received

-Email application to [lovella@1stmarketingsolutions.com](mailto:lovella@1stmarketingsolutions.com) or [HD1stmarketing@outlook.com](mailto:HD1stmarketing@outlook.com)

Then physically MAIL the check and application

Apple Valley Village-PBID

PO Box 1044

Apple Valley, CA 92307

**On-Line Applications & Credit Card Payments** – Digital applications and payments available online at [www.AVVillage.org](http://www.AVVillage.org).

**\*\*If you choose the email & paper check option your check MUST be delivered NO later than August 26, 2024. If you mail your check late you will not have a spot. If you are close to the deadline then please pay on-line OR drop off application and payment at The Town of Apple Valley.**

**Parade Application:** Separate Application – Let us know if you plan to participate in the Parade & Street Fair

### Contact Info:

The Village in Apple Valley – PBID 760-559-2064 or 909-244-4740

**Or**

Email: Lovella@ [lovella@1stmarketingsolutions.com](mailto:lovella@1stmarketingsolutions.com) or Eileen@ [HD1stmarketing@outlook.com](mailto:HD1stmarketing@outlook.com)



# Vendor Application

## 2024 Happy Trails Street Fair

September 7, 2024 10:30AM – 3:00PM

Application Deadline: **August 28, 2024**

Village Business Vendors/Owners: \$35 per 12x12 spot \$60.00 for a double spot (if available)  
 Vendors located outside of “Village” Area:\$45.00 per 12x12 spot \$80.00 for a double spot (if available)  
 Non-Profit Organization: \$35 for 12x12 -Large Vehicle: (call for pricing)

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business/Product: \_\_\_\_\_ Selling or Promoting (Circle One)

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_ # of 12x12 Spaces Requested: \_\_\_\_\_

TFF Permit # \_\_\_\_\_ Sellers Permit # \_\_\_\_\_

**General Information: See Attached Vendor Policies**

- There is no electricity or water access

**No food or drink can be given away at this event**

- A Town of Apple Valley Business License is required for vendors that have participated in three or more events held in the Town of Apple Valley. A photocopy must be provided with your application
- All applicants selling food must have health department permit/TFF permit – **Submit copy with application**
- Payment is due by **August 31, 2024**
- Cancellations: No Refunds if notice is less than 10 days prior to event
- Event set-up and space assignments are subject to change at any time and assigned by staff pending availability
- Set-up will be begin at 7:00AM; set up must be completed by 9:30AM (Call if you need special arrangements)
- DO NOT pack up prior 3:00PM and you must vacate by 4:30PM
- No Bake Sale, snack items or beverages may be sold, except by approved food vendors with a health department permit.
- No supplies, tables or chairs will be provided
- All event vendors selling new items or food items must have a resale license. See attached Vendor Policies submit verification of BOE resale permit with temporary address listed. **Address for seller permit 13467 Navajo Rd, Apple Valley, CA 92308**

Return Applications to: Town of Apple Valley Town Hall Building – Park & Rec Department 14955 Dale Evans Parkway OR email application to [Lovella@lovella@1stmarketingsolutions.com](mailto:Lovella@lovella@1stmarketingsolutions.com) or [Eileen@HD1stmarketing@outlook.com](mailto:Eileen@HD1stmarketing@outlook.com) and MAIL the check to AVV-PBID PO Box 1044 Apple Valley, CA 92307 spots will not be secured until payment is received. Contact number for event - The Village in Apple Valley 760-810-9856.

*I have read and understood the attached cover page, liability waiver, event vendor requirements, vendor acceptance policies, Fire and Heath Dept. requirements and this application and agree to abide by the rules and requirements as set forth, therein and any others that may be implemented. I understand that failure to abide my result in a non-refundable loss of fees, not being allowed to set up the day of the event, or removal from the event and may prevent my participation in future events held by The Village in Apple Valley.*

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

Event Use Only:

Spaces \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # or Cash \_\_\_\_\_ Insurance: \_\_\_\_\_

TFS Permit: \_\_\_\_\_ Business Lic: \_\_\_\_\_ Resale Lic \_\_\_\_\_ Waiver: \_\_\_\_\_

# Liability Waiver: Vendor



Organization Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE

I (PRINT: Last, first, middle) \_\_\_\_\_ hereby attest that I am duly authorized representative of the above named Individual or Organization, authorized to act on their behalf, that I have carefully read the description of the program(s) for which we are registering, and in consideration for being permitted fully understand that my participation in the 2024 Happy Trails Parade & Street Fair exposes myself/my organization to the risk of personal injury, death or property damage. I hereby acknowledge that I/WE are voluntarily participating in this event/class and agree to assume any such risks.

I hereby release, discharge and agree to hold harmless the Apple Valley Village Property-Owners Business Improvement District, The Town of Apple Valley, it's officers, vendors, event manager, volunteers or staff for any injury, death or damages to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of the Apple Valley Village Merchant Association, Town of Apple Valley it's officers, vendors, event manager, volunteers or staff or any other participants in the activity.

In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my organization, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless Apple Valley Village Property-Owners Business Improvement District, The Town of Apple Valley, it's officers, vendors, event manager, volunteers or staff from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/class.

### Photo Release:

I consent and authorize The Village Property and Business Improvement District to copyright, use and publish any of the images in any format taken of me on this day. I understand these images may be used for a variety of purposes and may appear on The Village PBID website, newsletter or social media. I also understand that The Village PBID will use the images exclusively for PBID-related purposes and for possible commercial gain. Since anyone can download an image from the Internet or make copies from printed materials, I agree The Village PBID is not responsible for unauthorized use of the images. I am aware that I am not entitled to any compensation and that the images may appear with or without my name.

**I HAVE CAREFULLY READ THIS RELEASE I/WE AGREE TO INDEMNIFY AND HOLD THE ABOVE PERSON OR ENTITIES FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST, OR EXPENSE THAT MAY INCUR WHILE PARTICIPATING IN THIS ACTIVITY. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.**

By signing below I acknowledge I have read and understand this Liability Waiver & photo release.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Business Insurance Carrier (please provide if you have) \_\_\_\_\_

Policy # \_\_\_\_\_

Policy Holder \_\_\_\_\_

Insurance Contact: \_\_\_\_\_

Event Use Only:

Spaces \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # or Cash \_\_\_\_\_ Insurance: \_\_\_\_\_

TFS Permit: \_\_\_\_\_ Business Lic: \_\_\_\_\_ Resale Lic \_\_\_\_\_ Waiver: \_\_\_\_\_