City of Vacaville – Special Events
91 Town Square Place
Vacaville, CA 95688
(707) 469-6685
Email: Specialevents@cityofvacaville.com

2025 Vendor Application

Cover Page

In attempt to streamline our vendor application, we've created one application for all events. Deadline to receive application is two months prior to event start date
What kind of vendor are you? ☐ Non-Food Vendor (complete pages 2-6) ☐ Food Vendor (complete pages 2-9)
Please indicate interest by checking box for each event on page 2. This does **not** guarantee your selection. We review all interested vendors, review and notify you if selected.

Vendor Packet Checklist

☐ Completed application form (all questions must be answered & application signed)
☐ Complete list of items to sell or promote (space on backside of app. or attach separate page)
☐ Recent photo of booth & product display (ATTACH: photos will not be returned. FOOD VENDORS – complete diagram page 8)
☐ Copy of City of Vacaville Business Lic. *or* 501c3 letter (ATTACH)
☐ Copy of general liability insurance; minimum requirements are 1M per occurrence/2M aggregate; certificate holder should list City as follows: (ATTACH) City of Vacaville Its officers, officials, employees, agents, and volunteers 650 Merchant St. Vacaville, CA 95688
☐ Additional Endorsement naming City of Vacaville as additionally insured
☐ Primary/Non-Contributory (FOOD VENDOR ONLY)
☐ High Risk Vendor Waiver (FOOD VENDOR ONLY)
☐ County Permit (FOOD VENDOR ONLY)
☐ Fire Permit (FOOD VENDOR ONLY)

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Event Interest? Please Check…

SELECT ONE: ☐ New ☐ Returning **SELECT ONE:** ☐ Non-Food ☐ Food ☐ Non-Profit

☐	Event & Dates	Application Deadline	Non-Food Vendor Pricing	Food Vendor Pricing	Non-Profit Vendor Pricing	Set Up & Take Down Times	Expected Attendance
☐	***Bunnies & Bonnets*** Saturday, April 19, 2025 10:00am – 1:00pm	March 2025	$88.00	$139.00	15% discount off regular price	Set–Up: 7am-8:30am Take-Down: No Earlier than 1:00pm	5,000
☐	***CreekWalk Concert Series*** Every Friday, June 20 - August 1 6:30pm – 9:30pm	April 2025	*$345.00 (full season)	*$1,577.00 (full season)	15% discount off regular price	Set-Up: 3pm – 5pm Take Down: No Earlier than 9:30pm	1,500-2,000 nightly
☐	***4th of July Fireworks*** *Celebration* Friday, July 4, 2025 6:30pm – 9:30pm	May 2025	$170.00	$254.00	15% discount off regular price	Set-Up: 3pm – 5pm Take Down: No Earlier than 9:30pm	10,000+
☐	***Major Concert*** Saturday, August 9, 2025 5pm – 9pm	June 2025	$84.00	$153.00	15% discount off regular price	Set-Up: 3pm – 5pm Take Down: No Earlier than 9:30pm	3,000+
☐	***Día de los Muertos*** Saturday, November 1, 2025 4pm-7pm	September 2025	$43.00	$69.00	15% discount off regular price	Set-Up: 1:30pm – 3:30pm Take Down: No Earlier than 7:00pm	750

***Other options available: Non-Food - $62 one concert; $191 first three concerts/last three concerts**
Food - $216 one concert; $807 first three concerts/last three concerts

Multicultural Festival: Saturday, May 10, 2025 1:00pm-5:00pm

This is a collaboration between COV & DVBID
To access the application please visit:
https://www.eventeny.com/events/vacaville-multicultural-festival-16491/.

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Vendor Terms & Instructions:

Please complete every page and answer all questions to be considered for events.

1. **Applications**: Applications can be submitted in person or by mail to Special Events department, 91 Town Square Place. This application is neither an offer nor a guarantee of space. No exclusivity will be given for this event. Incomplete applications will NOT be considered OR returned. All questions must be answered completely and accurately – the information you give is the sole representation of your business for the selection process.
2. **Space**:
   a. Food/Non-Food/Non-Profit Vendor 10'x10' space; price varies - see page 2.
   b. The fee is only for the rental of the space and does not include assembly/construction of vendor exhibits. You must provide your own 10'x10' tent, 6ft. table and chairs.
   c. Tents are required to stay within set boundaries. Vendors needing a larger space must purchase two or more booth spaces. Special requests are on a first-come basis and are not guaranteed.
   d. Utilities required: Any audio/visual equipment must be approved in writing by Coordinator.
3. **Vendor Hours**: Times vary for each event – see CivicRec receipt for details. Load-in times are strictly enforced. No exceptions.
4. **Restrictions**: The following items are prohibited on the premises and may not be sold at this event: Weapons, drug-related paraphernalia, nor items and/or activities for which an adult-oriented business permit would be required (per Chapter 9.05 of the Vacaville Municipal Code).
5. **Refunds**: This is a rain or shine event; no refunds will be given for inclement weather or no shows.
6. **Approval**: If approval is issued, you will be sent an email with a CivicRec code. Use this code to pay vendor fees at one of our three Community Centers: Three Oaks Community Center, McBride Community Center, Ulatis Community Center.
7. **Payments**: Please do NOT send money with this application. You will be billed at the time of approval. Payments may be made in the form of cash, check, or credit card at any Vacaville Community Center upon approval.

Special Requests:

Please describe all proposed sales or activity (attach a separate sheet if necessary):

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A. Business/Applicant Information

Areas marked with * require documentation to be attached to application			
Name of Business:			
Name of Applicant:		Owner? Yes: ☐ No: ☐	
On-site Contact:		On-site contact Cell Phone:	
Address:	City:	State:	ZIP:
Phone:		Additional Phone:	
Email:		Fax:	
Website:			
Federal Taxpayers ID:			
*Business License #:		Website:	
How long in business:	Sole Proprietor ☐ | Partnership ☐ | Corporation ☐ | Other (explain below) ☐		

B. Insurance Requirements

*Proof of general and product liability insurance of $1M per occurrence/$2M aggregate is required with your application and must deem the City of Vacaville as additionally insured:

City of Vacaville
Its officers, officials, employees, agents & volunteers
650 Merchant Street
Vacaville, CA 95688

Carrier:	Policy Expires:	City also insured: Yes ☐ No ☐
Include primary/non-contributory endorsement.		

Financial Interest

List names of all persons with financial interest (ownership) in your business or organization (if a corporation, list corporate officers). Names are REQUIRED:
Have you ever conducted business with the City of Vacaville? Yes ☐ No ☐ If yes, year?

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CERTIFICATION OF APPLICANT

I, the undersigned, acknowledge, agree and understand that I am referred to in this certification as "Participant". I, the undersigned, acknowledge, agree and understand that my participation as a vendor may involve risk of injury to myself or third person, including but not limited to, bodily injury (including allergies), death, property damage, and/or economic losses (collectively "Losses"). These Losses may result not only from 1) the Participant's actions, inactions, or negligence, but 2) also from the actions, inactions, and/or negligence of others, or 3) the conditions of facilities, equipment, or areas where the event or activity is being conducted. Furthermore, the Participant both understands the risks associated and agrees to assume any and all such risks arising out of or in the course of participation in this activity or event. For the avoidance of doubt, Participant expressly agrees to be solely responsible for any Losses claimed by the Participant, the City, and/or any third party where such claim arises from the Participant's participation in the event or activity.

The undersigned Participant warrants that he/she is in good health and has no physical condition, which would prevent safe participation in this activity or event. Furthermore, the undersigned Participant agrees to immediately report to the activity or event supervisor any unsafe condition and/or any injury incurred.

The undersigned Participant agrees to indemnify, defend, and hold harmless the City of Vacaville, its officers, officials, employees and volunteers from and against all liability, loss, damage, expenses, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with the participation in the activity or event described above or failure to comply with any obligations related to this activity or event. The undersigned Participant shall procure and maintain insurance as set forth in "Insurance Requirements" (page 4, section B) hereto.

The undersigned Participant hereby gives consent to be treated by a physician or surgeon in case of sudden illness or injury while participating in the above activity or event. It is understood that the City of Vacaville provides no medical insurance for such treatment and that any such cost thereof will be at the undersigned Participant's expense.

I have read, agree to, and understand the instructions and any additional information attached. I understand that this form is an application for space only and is not an offer by the City of Vacaville to rent space. I certify that all information contained in this application to be true and accurate to the best of my knowledge.

Signature:	Date:
Printed Name:	

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References: (List 2 fairs, festivals or shows you have recently participated in)	
Event 1:	
Contact Person:	Phone:
Event 2:	
Contact Person:	Phone:

List of Products/Services

Item	Price

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Food Concessions Addendum

Business Name:

*Solano County Health Permit #:

Utility Requirements

Please provide "real" numbers running at maximum capacity. If we are not informed of proper requirements, we may not be able to provide service – **BE SPECIFIC**.

Stand/Trailer	Voltage:	Phase:	Amps:
Refrigerator	Voltage:	Phase:	Amps:
Other	Voltage:	Phase:	Amps:
Stock Truck	Voltage:	Phase:	Amps:

Note: No running water or sewer available. Vendor responsible for all adapters.

Dimensions

Provide accurate dimensions of front & depth footage required when set up (including all awnings, counters and back area).
*Provide diagram of full set up as indicated on the next page to help us configure accurate layouts.

Check all that apply:
☐ Cart ☐ Tent ☐ Stand/Trailer
☐ End Serve ☐ Side Serve ☐ Counter Service Booth
Width: Depth:

Note: Location of hitch must be marked on diagram.

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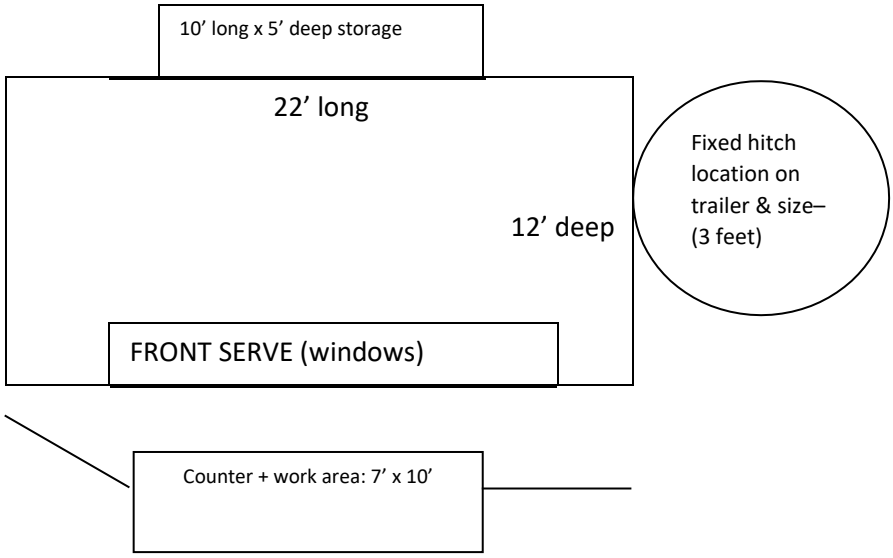
DIAGRAM OF CONCESSIONS SPACE

Please create a diagram of your stand layout, including storage area, refrigerator unit, counters, etc. Overhead view only, please! This helps us to better understand your layout, and to ensure that we are able to provide adequate space.

Total length: 24'
(22' + 2' hitch)

Total depth: 25'
(12' + 5' storage + 7' counter & work area)



YOUR STAND DIAGRAM HERE (include location of hitch and needed back of house area. may attach separate page)

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CITY OF VACAVILLE HIGH RISK VENDOR RELEASE OF LIABILITY AND AGREEMENT TO PROVIDE INSURANCE

Name of Event: _____ Event Date(s): _____

Location: _____

On behalf of the below listed organization, business or group I hereby agree:

- to assume all risk associated with participation in the above listed event;
- to release the City of Vacaville from any liability connected with my participation in the above listed event;
- to indemnify and hold the City of Vacaville harmless for any and all loss or expense including reasonable legal/defense costs arising out of participation in the above listed event;
- to indemnify and hold the City of Vacaville harmless for any and all claims for injury or damages arising out of participation in the above listed event;
- to provide proof of Auto Liability and Commercial General Liability Insurance including that is primary and non-contributory in the amount of $1,000,000 per occurrence and $2,000,000 aggregate;
- to endorse the above mentioned Commercial General Liability Insurance policy naming the City of Vacaville, its officials, officers, employees, agents and volunteers as additional insureds for the above listed event.

I am aware that this is a release of liability and a contractual agreement to provide insurance coverage. I have carefully read this agreement and fully understand its contents. I voluntarily agree to each of the terms and provisions listed herein.

Date	Printed Name	Signature
On Behalf of (Name of Organization/Business/Group)		Telephone Number