



# VENDOR APPLICATION

Organization \_\_\_\_\_

Description of Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Info Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Will you be selling merchandise? If yes, what type? \_\_\_\_\_

Please note: All vendors selling merchandise must have a Tax ID or Resale Certificate Number. No vendors may sell any kind of food or drink without prior approval of CVRPD.

Tax ID No. or Resale Certificate No. (Circle one and write number below).

\_\_\_\_\_

Business License No. (Commercial Applicants Only) \_\_\_\_\_

**All vendors must commit to a check-in and set-up time no later than 9:00 am and must stay until tear-down at 2:00 pm.**

How many 10 x 10 booth spaces would you like (\$25 each)? \_\_\_\_\_ All booths must be self contained. No electricity or water will be available.

Description of booth \_\_\_\_\_

Would you like to rent an event package from CVRPD (\$40 each)? \_\_\_\_\_ Event packages consist of 1 table, 1 canopy and 2 chairs to be set-up prior to your arrival on the day of the event.

Description of Free Children's Activity or Free Promotional Item your organization will provide to guests (Vendor Participation Requirement) \_\_\_\_\_

How many children will your activity or promotional item accommodate? \_\_\_\_\_

## VENDOR AGREEMENT

By signing below I acknowledge, understand and agree to the following guidelines:

1. Vendors must be self contained; no electricity or water will be available.
2. Vendors must be checked in and set up by 9:00 am.
3. Vendors must stay at the event until tear-down at 2:00 pm.
4. Vendors will be assigned a booth number within grounds of the Francis Hack Park at the La Quinta Community Center. Vendors must agree to the assigned booth number.
5. Vendors agree to park in the assigned vendor parking area.
6. Insurance Waiver: Vendors agree to hold harmless the City of La Quinta, Old Town La Quinta, and Coachella Valley Recreation and Park District, its employees, contractors, or volunteers should an incident occur.
7. I understand that this is an application for participation, not a guarantee or contract. I will receive confirmation from the Coachella Valley Recreation and Park District of my participation in the event.

By signing below, I agree to the terms of the Vendor Agreement and Application.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_ Date \_\_\_\_\_

Please return Vendor Application and Vendor Agreement and check for vendor fee(s) to:  
Coachella Valley Recreation and Park District, Attn: Kirsten Kiphart, Event Planner, 45-305 Oasis Street, Indio, CA 92201

All questions regarding participation in Parade and/or as a Vendor or Demonstrator should be directed to: Kirsten Kiphart, Event Coordinator, 760.701.2626.