

Please return completed application and suggested donation and fees to:

Cruzin' for Life, PO Box 7145, Santa Maria, CA 93456-7145

Contact Terri Hayworth regarding vendor info:

cruzinforlife@verizon.net

Fax 805-928-4647 Cell 805-478-5896

See Attached Information regarding insurance and food vendor requirements.



15<sup>th</sup> Annual Cruzin' for Life Car Show/Cancer Survivor Cruise
Friday, September 21st (6:00 to 10:00 pm) Driver's Meet 'n Greet and Survivor Car Cruise, BBQ, Entertainment
Saturday, September 22nd (7:00 am to 3:00 pm) Car Show
2018 VENDOR/EXHIBITOR/CONTRACTOR/ORGANIZATION/GROUP ETC
APPLICATION AND AGREEMENT

Business Name (insurance will be in this name): \_\_\_\_\_

Owner/Contact Name (authorized contract signer): \_\_\_\_\_

Mailing Address/City/State/Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Type of Product: \_\_\_\_\_

CA Resale Number (required if selling product): \_\_\_\_\_ County Health Permit (copy required) \_\_\_\_\_

SPACE REQUIREMENT: Management assigns all spaces. Space size is approx. 10' x 10'. You must bring your own canopy/pop-ups, tables/chairs, etc.

UTILITIES: There is a \$35 charge for 110-v use. There are limited spaces with electricity available. First Come First Serve

FEE/DONATION: Cruzin' for Life is a not for profit organization so your donations are tax deductible as allowed by law. A \$25 donation is suggested. 501(c)3 80-0124040.

FOOD VENDORS: Must apply with management at the Santa Maria Fairpark. A Health Permit and/or other permits, licenses are necessary as required by the City of Santa Maria and County of Santa Barbara and the Fairpark's contract.

INSURANCE REQUIREMENTS: Sample Attached and must comply as written. Cruzin' for Life, Inc. and the Santa Maria Fairpark (37th District Agricultural Association) DOES REQUIRE a Certificate of Liability Insurance from your carrier. We must receive the additional insured certificate 14 days prior to the event. You may purchase insurance from CFL at a cost of \$40.00. Please call Terri at 805-478-5896 for insurance inquiries.

HOLD HARMLESS AGREEMENT: \_\_\_\_\_ agrees to indemnify and hold harmless Cruzin' for Life, Inc. and the 37th District Agricultural Association aka Santa Maria Fairpark, its officers, agents, employees and volunteers from all claims, suits actions, damages and causes of action, liability, defense costs, including other fees, loss or damage which Cruzin' for Life, Inc. and the Santa Maria Fairpark may incur as a result of claims, demands, costs or judgments against it, arising from the 13th Annual Benefit Event for Marian Cancer Care and the American Cancer Society. In addition, \_\_\_\_\_ agrees to provide Cruzin' for Life, Inc. a Certificate of Insurance naming Cruzin' for Life, Inc. and the 37th District Agricultural Association as an Additional Insured in an amount of not less than the maximum exposure of Cruzin' for Life, Inc. I certify all of the information contained in this application to be true and accurate to the best of my knowledge and agree to abide by all Cruzin' for Life, Inc. and the Santa Maria Fairpark's regulations.

Signed and Dated