City of Oxnard 25th Annual Multicultural Festival

Saturday, October 1, 2022
Plaza Park • 11 a.m. to 4 p.m.

VENDOR APPLICATION

Please return application by **Thursday, September 1, 2022**. Please print legibly.

Business/Organization Name: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Food Booth	Price	Qty.	Total
Type 1: Open			
10x10 space	$150 x	____	= ____
Nonprofit Food Booth			
10x10 space	$100 x	____	= ____
Type 2: Pre-Packaged Food ONLY			
10x10 space	$160 x	____	= _____
Type 3: MFF Space (Mobile Food Facility)	$250 x	_____	= _____

MFF Type (Circle One): 1 2 3 4

Vehicle License Plate #: _____
VCEHD Annual Permit #: _____

Purpose/Description - If needed, attach additional sheets

_____
_____
_____
_____
_____

Additional Food Vendor Fees & Options

Electricity (per 20 amp hookup): $25 x ____ = _____

Cleaning Deposit, per space **(separate check please)** $50 x ____ = _____

Non-Food Booth	Price	Qty.	Total
Arts & Craft Venfor			
10x10 space	$100 x	_____	= _____
10x20 space	$150 x	_____	= _____
Non-Profit			
10x10 space	$NC x	_____	= _____
Commercial Vendor			
10x10 space	$175 x	_____	= _____
10x20 space	$200 x	_____	= _____

Purpose/Description - If needed, attach additional sheets

_____
_____
_____
_____
_____
_____

Federal or Nonprofit ID #: _____

Additional Non-Food Vendor Fees & Options

Cleaning Deposit
(requires separate check) $ 25 x _____ = _____

Submit this application along with fees to: **Oxnard Multicultural Festival, 300 West Third Street (4th Floor), Oxnard, CA 93030**

FOR FESTIVAL USE ONLY

Date Received _____ Approved _____
Space Fee _____ Confirmed _____
Insurance Fee _____ Space # _____
Electricity Fee _____

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Vendor Acknowledgments *Please read and initial each item. Incomplete applications will not be accepted.*

1. I have mailed a check payable to "City of Oxnard" with my application. _____
2. I acknowledge this is a "Rain or Shine" event. _____
3. Yes: ☐ I will provide a Liability Insurance Certificate naming the "City of Oxnard" or Oxnard as additional insured. _____
4. No: ☐ We are unable to provide proof of insurance and will need to sign the release forms required to participate. _____
5. I acknowledge that vendors are responsible for bringing their **own heavy-duty UL approved extension cords, tables, chairs, and canopy**. _____
6. I agree to arrive NO LATER than 8:00 am (Non-Food Vendors) or 7:30 am (Food Vendors) and leave NO EARLIER than 4:00 pm. _____
7. I acknowledge that this event is not a general religious, political or social forum. _____
8. I acknowledge that NO REFUNDS will be issued after this application is submitted unless the event is canceled. _____
9. Fees are not refundable for any other reason, including the vendor's decision not to participate because of weather conditions. _____

Additional Food Vendor Acknowledgments

9. I acknowledge that food vendors are responsible for bringing their **own fire extinguisher and enclosed canopy**. _____
10. Are you bringing your own three-compartment sink? ☐ Yes ☐ No _____

Your application will be reviewed and if approved you will receive an email of acceptance. Checks and money orders must be issued to the order of the "City of Oxnard".

Please send your application and payment to:

Oxnard Multicultural Festival
Attn: Martha Guillen
300 West Third Street, 4th Floor
Oxnard, CA 93030

***NOTE:** Fees are refundable only if the event is canceled. Fees are not refundable for any other reason, including vendor's decision not to participate because of weather conditions.

Waiver of Liability:
In consideration for being permitted to participate in the Oxnard Multicultural Festival, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which may occur as a result of participation in this activity. This release is intended to discharge in advance, The Oxnard Multicultural Festival, City of Oxnard, its officers and volunteers, sponsors, contractors and agents from any liability arising out of, or connected in any way with, my participation in this activity, even though that liability may not arise out of the negligence or carelessness of the part of the persons and entities mentioned above. I agree for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the persons and entities mentioned above and their respective elected appointed officers, volunteers, official agents, and employees from any and all claims, demands, actions, or suits arising out of in connection with my participation in the activity.
I have read the "Waiver of Liability" and the vendor information included with this application form and agree to the terms and conditions as outlined for this activity.

Participant Signature: _____ Date: _____

Questions or concerns? Please contact Martha Guillen at: (805) 385-7434 or multicultural@oxnard.org