

2015 Day of Play - Vendor Application

Applicant's Information

Company/Organization Name

Contact Name

Business Street Address

City State Zip

Daytime Phone Cell Phone

Email Address

Booth Information

Please Check One:

- Nonprofit Informational Business/Company Informational Free Sampling Food/Beverages Merchandise Sales
- Activity Booth (Check if submitting an activity for the incentive; please also check a box above)

Please provide an in depth description of your booth.

Please check all needs that apply:

Is your company/organization a 501(c)(3) nonprofit? Yes No **If yes, please attach a copy of IRS status form**

Will you be asking for monetary donations? Yes No

Do you have a Maricopa County Health Permit? Yes No License #

Do you have a Chandler City Sales Tax License? Yes No License #

Do you generate revenue over \$5000.00 in a calendar year in Chandler? Yes No

Do you need a power source or outlet? Yes* No

If yes, please describe what power is needed for and how much is needed?

*Please know that there will be a charge for electrical power should the City of Chandler provide it for you.

Please provide a list of all items being sold and their price range.

Vendor Contribution Rate (please check the one that applies)

- Nonprofit Informational – \$25.00 Resident / \$34.00 Non-Resident*
- Business/Company Informational - \$50.00 Resident / \$68.00 Non-Resident*
- Food/Beverages Sampling/Sales - \$90.00 Resident / \$122.00 Non-Resident*
- Merchandise Sales - \$75.00 Resident / \$102.00 Non-Resident*
- Activity Booth**- Receive \$10 off your booth price above & an extra 10’x10’ space for free

Additional Vendor Rental Options (please check all that applies)

- Extra 10’ x 10’ Booth Space - \$15.00 Resident / \$20.00 Non-Resident*
- Electrical Usage - \$30
- Field Access Pass- \$10.00 **

***Non-Resident rates apply to any business, company, home business, or nonprofit NOT based in the City of Chandler.**

****Please see the Information Sheet on the criteria and description of the Activity Booth and Field Access Pass.**

Please read carefully and sign below.

I certify that the information contained in this application is true and correct to the best of my knowledge and belief and that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the city of Chandler Municipal Code. Applicant agrees to comply with all requirements of the City, County, State, and Federal Government.

Signature Date

Printed Name

Return Application To:

Mail
 Stephanie Feldaverd
 Recreation Coordinator
 Mail Stop 500
 PO Box 4008
 Chandler, AZ 85244

Hand Deliver
 Chandler City Hall
 175 S. Arizona Ave
 1st Floor Reception Desk
 Attention: Stephanie Feldaverd

Fax
 480-782-2713