

# 2022 Woofstock - Vendor Application

## Applicant's Information

Company/Organization Name	<input type="text"/>		
Contact Name	<input type="text"/>		
Business Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Daytime Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Email Address	<input type="text"/>		

## Booth Information

Please Check One:

- Business/Non-profit Informational       Food/Beverages       Merchandise Sales

Provide a description of your booth (size/type)

- Cart       Tent/booth       Truck       Trailer

*SPACE REQUIREMENTS (standard booth size is 10'x10')*

*Truck/Trailer if applicable (including hitch) : L \_\_\_\_\_ W \_\_\_\_\_ (in feet)*

*Serving Window Side if applicable:  Driver Side       Passenger Side*

email photo of set up if possible: [special.events@chandleraz.gov](mailto:special.events@chandleraz.gov)

## 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 **If yes, a non-solicitor permit MUST be completed**

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

Do you have an Arizona State Sales Tax License?  Yes  No License #

Do you have a City of Chandler Business License?  Yes  No License #

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

\* There will be a \$30 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)

- Business/Non-profit Informational - \$50
- Food/Beverages Sales - \$150
- Merchandise Sales - \$75

**Additional Vendor Rental Options** (please check all that applies)

- Extra 10' x 10' Booth Space - \$25
- Power - \$30

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

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



**Mailing Address**  
Special Events Coordinator  
Mail Stop 498  
P.O. Box 4008  
Chandler, AZ 85244-4008

**Cultural Development  
Special Events**  
480-782-2665  
480-782-2713 Fax  
chandleraz.gov

**Hand Deliver Location**  
Chandler City Hall  
175 S. Arizona Ave.  
1<sup>st</sup> Floor Reception Desk  
Chandler, AZ 85225