



Eckerstrom Productions

FOOD BOOTH - SHOW REGISTRATION

ALAMEDA, MOTHER'S DAY SPRING SHOW
MAY 7th & 8th, 2011

BUSINESS NAME _____ FAX#: _____

CONTACT PERSON _____ EMAIL: _____

ADDRESS _____
(Street/City/Zip)

PHONE NUMBERS _____
(Cellular) (Other)

ITEMS TO BE OFFERED TO THE PUBLIC: _____

_____ (new vendors attach menu)
CALIFORNIA RESALE PERMIT NO. _____

(Please include photocopy)

VENDOR REQUIREMENTS: 10 x 10 SPACE \$650 _____ +10%

*******If you require more than 10' x 10' attach a drawing & describe your booth setup:**

WILL YOU USE: (check all that apply) A BBQ? _____ DEEP FAT FRYER? _____
WOK? _____ PROPANE TANKS? _____ STERNO? _____ GENERATOR? _____

You must take all grease waste materials with you at the close of show.

A greywater tank will be onsite for non-grease liquid waste disposal and it's location indicated in your show instructions mailed two weeks prior to the event.

SEPARATE CHECK: **SECURITY DEPOSIT \$350**

ELECTRICAL NEEDS: YES _____ # OF AMPS, NO _____ Electrical charge is \$25 per 15 amps. This includes enough electricity for 1500 watts. Anything above this power requirement will result in the need for an additional \$25.00 per cord. **IF ELECTRICITY IS NOT PAID WITH THIS APPLICATION, IT WILL NOT BE PROVIDED THE DAYS OF THE EVENT. Please submit a SEPARATE CHECK for your electricity needs.**

If electrical is not available, will you still be able to participate and how (generator, etc.)? _____

ICE: NO _____ YES _____. How many bags? _____ Ice will be cash and carry. \$10/bag. Purchase at the event Headquarters across from Starbuck's if no one has inquired with you if you need a delivery.

Please include a self addressed stamped envelope and a booth photo with your application.

Main Office: 454 Las Gallinas Ave., Ste. 331, San Rafael, CA 94903 * Phone (415) 472-1553 *
Fax (415) 329-2380
Website: www.eckerstromproductions * Email: EPinformation@aol.com

TERMS & CONDITIONS

1. Please include a self addressed stamped envelope and a booth photo with your application.
2. All applications must be completed fully, signed and submitted with payment. Incomplete applications will be returned.
3. 10% commission is due at the close of show and should be based on gross sales. An envelope will be distributed Sunday afternoon with instructions for drop off area.
4. You will usually receive notice within a month of submitting your application which will notify you whether you were accepted or not.
5. Non-compliance with the health department will result in forfeiture of space fees should the problem disqualify a vendor from participation prior to show.
6. Participants are asked to conduct themselves in a professional and tasteful manner at all times. Failure to do so may result in your being asked to leave the show with no refund of fees.
7. Sorry, but we cannot accommodate specific space requests. Please do not ask.
8. PARKING instructions will be included in your show packet.
9. Additional insured insurance certificates should be obtained *after acceptance* for:
 - a) Eckerstrom Productions, LLC 454 Las Gallinas Ave., Ste. 331, San Rafael, CA 94903
 - b) Park St. Business Association, 2447 Santa Clara Ave., #302, Alameda, CA 94501
 - c) The City of Alameda, 2263 Santa Clara Ave., Alameda, CA 94501
10. *Upon acceptance*, complete a health department packet and submit it to them directly. Include the appropriate fee, and send a copy of your submission to EP.
11. No refund will be given in the event of cancellation.

I UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND THAT NEITHER THE PARK STREET BUSINESS ASSOCIATION, THE CITY OF ALAMEDA OR ECKERSTROM PRODUCTIONS, LLC are responsible for lost, stolen or damaged equipment or merchandise, nor accident and/or injury to me or my staff and do hold harmless any of the above individuals or businesses for any and all liability. I understand there will be no refund of space fees in case of cancellation. Proof of insurance & additional insured certificates will be provided no later than 30 days before the event.

EXHIBITOR SIGNATURE (MUST BE SIGNED TO BE ACCEPTED)

DATE

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