



Día de los Muertos

Sunday, October 24, 2021 • 12:00 - 4:00 p.m.
Veterans' Community Park
313 W. Tunnell Street, Santa Maria

VENDOR BOOTH APPLICATION

Please Print

Organization/Individual Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ Zip Code: _____ Phone: _____

E-mail Address: _____

BOOTH INFORMATION:

All booth areas will be 10 ft. x 10 ft., except food truck vendors which will depend on size of the vehicle. Please check one of the following:

Commercial Booth \$50

Arts & Crafts Vendor \$50

Non-Profit Community Resource Booth \$25

Permitted Food Truck \$100

Type of Activity/Food Request

#1: _____ #2: _____

Type of Booth Activities: _____

Food Booth Application Deadline: Oct. 15, 2021, or until booth space is filled.
Non-Food Booth Application Deadline: Oct. 15, 2021, or until booth space is filled.

Please make checks payable to: City of Santa Maria Recreation and Parks

Please return to City of Santa Maria Recreation and Parks Department,
615 S. McClelland Street, Santa Maria, CA 93454.

I hereby agree to abide by the rules, policies, and procedures as set forth in the application information and by the City of Santa Maria and the Dia de Los Muertos Celebration Committee and agree to appear for this event on Sunday, October 24, 2021. I understand that my booth and activities will be reviewed prior to acceptance. To the extent permitted by law, I hereby release the City of Santa Maria, the Recreation and Parks Department, City personnel, and any person or organization affiliated with the Dia de los Muertos Celebration from responsibility or liability for damage or injury to myself or my property.

All participants must obtain a temporary resale permit from the State Board of Equalization, 4820 McGrath St. Suite 260, Ventura, CA 93003-7778, no later than 30 days prior to event. The State Board of Equalization may be reached at (805) 677-2700 or online. Permit(s) must also be posted on site the day of the Celebration and may be checked. All food vendors must be permitted and abide by the Santa Barbara County Health Department regulations.

Signature: _____ Date: _____