## Irish Congress of Southern California

## **VENDOR APPLICATION – NON-PROFIT**

Event Date: March 16, 2019

Deadline for Paperwork: February 20, 2019

For ICSC Use Only:
Date App Rc'd
Insur Cert
Non-Profit status
Amt. Rc'd Booth Size

Rules that apply to non-profits: Because the booth fee is reduced, you are not allowed to sell any product in the booth. You are allowed to give away information to the general public, but you are not allowed to use the event to promote politics. We are a kid-friendly event and ask that you keep that in mind when promoting your group. Please submit with your application with a copy of your non-profit status letter. Each application will be considered by the board before being accepted. You will receive notification of your acceptance.

APPLICANT INFORMATION:		
Your Name:		
Doing Business as:		
Mailing Address:		
City:	State:	Zip:
E-mail address:	Phone No	
Day of Event Contact/Phone if different		
Liability Insurance Company		(attach certificate)
Liability insurance is required of each vendor. A ce Congress of So. California as an additional insured our website if you need assistance with the details. check for \$25. Homeowners Insurance is not adeq	. It should also include the date a If you do not have insurance, ple	and name of the event. There is a sample on
Description of non-profit literature yo	u will be handing out (or	attach a copy)
WE RESERVE THE RIGHT TO REMOVE	/E ANY VENDOR. Booths	s cannot be shared by more than one
10X10 BOOTH \$75.00 (If paying online	\$80)	
IMPORTANT You must read and sign to	his release of liability for	the application to be valid:
agents and representatives; and (3) age whatsoever for personal injury, property damage to booth contents, merchandise	e City of San Diego, and its ents and employees of Bal damage or loss, specificate, e, employees, contractors, his event. I/We further agr	respective elected officials, employees, boa Park from any and all liabilities ally including, without limitation, injury or guests, customers, invitees, and any other ree to abide by the Rules and Regulations
Signature:	Date:	
Mail form, certificate of insurance, non-	profit 504(3)© letter, and y	our payment to: ICSC Vendor Chair, 415