

2024 Mount Shasta - 4th of July Celebration

Vendor Application – Castle Street – 3 Days

July 3, 2024 – Setup @ 12:00 pm

July 4-6, 2024- 10 am to 9 pm

July 6th Clean-up

<i>Sales and Non-Profit Vendors</i>	<i>Commercial Food Vendors</i>
10 x 10 Booth – No Power \$350.00 <input type="checkbox"/>	10 x 10 Booth, No Power \$590.00 <input type="checkbox"/>
10 x 10 Booth – With Power \$425.00 <input type="checkbox"/>	10 x 10 Booth – With Power \$660.00 <input type="checkbox"/>
10 x 20 Booth – No Power \$495.00 <input type="checkbox"/>	10 x 20 Booth – No Power \$1,120.00 <input type="checkbox"/>
10 x 20 Booth – With Power \$565.00 <input type="checkbox"/>	10 x 20 Booth – With Power \$1,200.00 <input type="checkbox"/>
10 x 30 – With Power \$675.00 <input type="checkbox"/>	10 x 30 Booth – With Power \$1,500.00 <input type="checkbox"/>

Vendor Application – Mt. Shasta Blvd. – 2.5 Days

Thursday, July 4th – Setup @ 1:30 pm

Friday, July 5th – July 6th, 10 am to 9 pm

July 6th Clean-up

<i>Business</i>	<i>Non-Profit</i>
10 x 10 Booth – No Power \$250.00 <input type="checkbox"/>	10 x 10 Booth, No Power \$200.00 <input type="checkbox"/>
10 x 20 Booth – No Power \$300.00 <input type="checkbox"/>	10 x 20 Booth – No Power \$250.00 <input type="checkbox"/>
10 x 30 – No Power \$450.00 <input type="checkbox"/>	10 x 30 Call for Pricing <input type="checkbox"/>

(The booth price includes a \$30 City Fee)

Business: _____ Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Amount Enclosed: \$ _____ CA State Resale #: _____

Non-Profit 501 © (3) #: _____

Please provide a detailed description of what will be sold at your booth (attach or send photos: _____

Vendors are responsible for all garbage and debris in and around the booth at all times. **There will be a \$100 fine for trash cleanup.** Please use the recycling containers. We reserve the right to refuse service to anyone. No Refunds!

Mail completed application and check, CC#, or money order to:

Mt. Shasta Chamber of Commerce, 300 Pine St., Mt. Shasta, CA 96067, or call (530) 926-3165

I fully understand and accept the preceding requirements.

Credit Card #: _____ Exp. Date: _____ V-Code: _____

Vendor Signature: _____ Date: _____