



# Vendor Application and Guidelines

Thank you for your interest in Nostalgia Days! **All completed applications will be accepted on a first come, first served basis from now until Friday May 29, 2020.**

Special consideration will be given to returning vendors. Vendor duplication will be at the discretion of the Nostalgia Days Commission. Please submit completed application to City of Zion Nostalgia Days, PO Box 486, Zion Illinois 60099.

Submitted applications **MUST HAVE** the following items to be accepted:

- ⇒ Completed and signed application
- ⇒ Payment
- ⇒ Certificate of Liability
- ⇒ Copy of Lake County Health Department Temporary Food Service Permit (Food Vendors Only)

## **SETUP & BREAKDOWN**

Booth setup time is between 7:00am and 9:00am. You will be notified of your booth and vendor check-in locations in a timely manner. All vehicles must be moved to the designated parking areas by 9am. Vendors who arrive at 9am must park in **the designated areas and transport your items to your booth space. All vendors will receive one (1) 10' x 10' space. All vendors are responsible for bringing your own tents, tables and chairs. A standard 10' x 10" EZUP is recommended. Tents must be weighted down. No staking will be allowed. A minimum 50lbs per corner is required. If you do not have a tent, a 10' x 10" can be provided and set-up for you at an additional cost.**

## **ELECTRICITY**

Electricity is available for \$35 per 1800 watts. To ensure that adequate electricity is provided to you, all vendors requiring electricity must provide a list of all equipment you plan to bring along with its wattage. You are responsible for bringing sufficient extension cords.

## **INSURANCE**

All participating vendors are required to furnish a Certificate of Liability in an amount of no less than \$1,000 with their application.

## **VENDOR PARTICIPATION**

All vendors are expected to stay for the duration of the event, even if you have sold out of product. Business must be conducted in your booth space only. No canvassing, hawking or distributing products or flyers will be allowed.

## **VENDOR NOTIFICATION**

In an effort to reduce the amount of paper used, all information pertaining to you as a Nostalgia Days Vendor will be sent to the email provided on your application. This information may include receipts, changes in set-up times & locations and other pertinent event notification. If an email address is not provided, pertinent information will be mailed to the address listed on the application.

## **REFUNDS**

Vendor Fees are non-refundable after May 29, 2020. Requests for refunds must be submitted in writing and addressed to: Lake County Lakeshore Chamber of Commerce, 1300 Shiloh Boulevard, Zion Illinois 60099 and post marked on or before May 29, 2020.



**NOSTALGIA DAYS**  
**NON FOOD VENDOR APPLICATION**  
 PO Box 486  
 Zion, IL 60099  
 Phone: 847-872-5405  
 www.nostalgadays.com

**VENDOR APPLICATION DEADLINE IS FRIDAY MAY 29, 2020.** Mail completed application with payment to Nostalgia Days, PO Box 486, Zion Illinois 60099

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT INFORMATION**

- ◇ You are responsible for your own tents, tables and chairs. A standard 10' x 10' EZUP is recommended.
- ◇ Tents must be weighted down. A minimum 50 lbs per corner is required. If you do not have a tent, a 10' x 10' tent can be provided and set up for you at an additional cost.
- ◇ All participating vendors are required to furnish a Certificate of Liability in an amount of no less than \$1,000. with their application.
- ◇ Electricity is available for \$35 per 1800 watts. Vendors who need electricity must furnish their own extension cord.
- ◇ Vendor fees are non-refundable after **Friday, May 29, 2020**. Make checks/money orders payable to Lakeshore Chamber of Commerce.

**FEES**

Number of vendor spaces needed \_\_\_\_\_ x \$25 \$ \_\_\_\_\_  
 Number of tents needed: \_\_\_\_\_ x \$215 \$ \_\_\_\_\_

Do you need electricity? \_\_\_\_\_

**Please list the equipment you plan to bring and its wattage.**

	Description	Watts
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

**Total:** \_\_\_\_\_ x \$35 per 1800 watts \$ \_\_\_\_\_

**TOTAL VENDOR FEES \$ \_\_\_\_\_**

By signing below, I agree to all of the terms, regulations and conditions for participation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_