

# CITY OF RIVERSIDE PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT

## VENDOR BOOTH APPLICATION

# *Mariachi Festival*

Saturday, November 10, 2018

12 p.m. - 10 p.m.

Riverside Municipal Auditorium  
3485 Mission Inn Avenue

**BOOTH SPACES ARE 10x10 ft.**

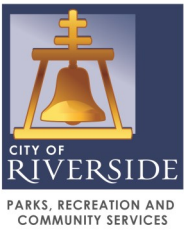
\$225 for food booth vendors  
\$100 for retail/craft booth vendors

- It is the goal of the City to avoid multiple vendors selling the same/similar item; however there may be some exceptions to this rule.
- The City of Riverside will assign location for all vendors.
- The City of Riverside will NOT provide electricity, tables, chairs, or canopies. This should be considered when establishing the items to be sold.
- Vendors are responsible for setting up and breaking down their own space, which includes tables, chairs, water, and/or shelter.
- Setup time begins at 9 a.m. and concludes at 11 a.m.
- All vendors are subject to approval by The City of Riverside Parks, Recreation and Community Services Department.  
**Refunds will not be granted.**

**PLEASE NOTE: WITH THE EXCEPTION OF APPROVED AGUA FRESCA VENDORS,  
VENDORS MAY NOT SELL BEVERAGES OF ANY TYPE AT THE EVENT**

For information on becoming a vendor please contact  
Recreation Services Coordinator Tiana Johnson at [TLJohnson@RiversideCA.gov](mailto:TLJohnson@RiversideCA.gov) or 951-826-2264

**Return Application by Friday, September 7, 2018 to:** City of Riverside PRCSD, Attn: Tiana Johnson  
6927 Magnolia Ave., 2<sup>nd</sup> Floor  
Riverside, CA 92506



# Mariachi Festival

Vendor Information—Please Print Clearly Using Black or Blue Ink

Food Booth (\$225)

Retail/Craft (\$100)

NAME: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT PHONE NUMBER: \_\_\_\_\_

BRIEF DESCRIPTION OF ITEMS FOR SALE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR SETUP (i.e. canopy, generator, extra footage): \_\_\_\_\_

**If selected to be a vendor at this event, you will be required to submit the following:**

- City of Riverside Parks, Recreation and Community Services Department Waiver (enclosed)
- Copy of City of Riverside Business License
- Copy of Health Permit - Riverside County Health Department (food vendors only)
- Copy of Seller's Permit (BOE)
- Vendor Insurance which names the City of Riverside as additionally insured, and additionally insured endorsement page. Insurance requirements: Minimum \$2,000,000 General Liability, \$1,000,000 per occurrence
- Signed Agreement (to be provided by the City)
- Vendor Fees:
  - Credit Cards are accepted at the Parks, Recreation and Community Services Department located at 6927 Magnolia Avenue, 2<sup>nd</sup> Floor (Magnolia and Palm Avenue) or any community center; checks or money orders should be made payable to City of Riverside, PRCSD
- 2A10BC fire extinguisher, if using a fryer you will also need a Class K fire extinguisher.

The City of Riverside will **NOT** provide electrical hookups. This should be considered when establishing items to be sold. **Vendors are responsible for setting up and breaking down their own booth, which includes tables, chairs, water, and/or shelter and electricity.** Setup time begins at 9 a.m. and concludes at 11 a.m. You will NOT be permitted to set up after 11 a.m. for safety reasons. Refunds will not be granted. All booths are subject to approval by the City of Riverside Parks, Recreation and Community Services Department. **With the exception of approved agua fresca vendors, vendors may not sell beverages of any type at this event.**

Print Name: \_\_\_\_\_

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

**PLEASE RETURN THIS APPLICATION BY Friday, September 7, 2018**

CITY OF RIVERSIDE PARKS, RECREATION AND COMMUNITY SERVICES DEPARTMENT  
WAIVER, RELEASE AND INDEMNITY AGREEMENT

**2018 Mariachi Festival**

It is understood that I, the undersigned vendor, cannot participate in the Recreation activities until this WAIVER form has been completed. For additional information, call 951- 826-2000. For, and in consideration of, participating in the **2018 Mariachi Festival** which is organized and sponsored by the City of Riverside in the County of Riverside, the Undersigned hereby voluntarily forever releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to the Undersigned or undersigned property, arising out of the participation in said activity thereto wherever or however the same may occur and for whatever period said activity may continue, and the Undersigned does for himself/herself, his/her heirs, executors administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for himself/herself and for his/her heirs, executors, administrators or assigns and shall not prosecute or present any claim for personal injury, property damage or wrongful death against the City of Riverside, the City of Riverside Park, Recreation and Community Service Department or any of its officers, agents, servants or employees (hereinafter referred to as "Releases") for any of said causes of action including, but not limited to, losses caused by the passive or active negligence of the Releases.

The Undersigned acknowledges, understands and agrees that the releasers, The City of Riverside, are not responsible and assumes no risk for any damage to or for lost or stolen personal property (including all artwork) of the undersigned. The Undersigned acknowledges, understands and assumes the risks, if any, arising from the conditions of the various recreation facilities, park grounds and parking lots; and acknowledges and understands that this waiver includes, but is not limited to, any action or cause of action arising from (1) the performance, or failure to perform, maintenance, inspection, supervision, control or security of said areas, (2) for the failure to warn of dangerous conditions as existing on/or near said locations, or (3) for any action by the spectators or (4) for negligent supervision of spectators, or (5) for any hidden, latent or obvious defects or dangerous conditions existing on/or near said locations.

IT IS THE INTENTION OF \_\_\_\_\_ BY THIS INSTRUMENT

(PRINT participant's name)

TO EXEMPT AND RELIEVE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASES.

The Undersigned, for himself/herself, his/her heirs executors, administrators or assigns agrees that in the event any claim for the Undersigned's personal injury, property damage or wrongful death shall be prosecuted against Releases he/she shall indemnify and save harmless releases from any and all claims of action by whomever made or presented for the Undersigned's personal injuries, property damage or wrongful death. The Undersigned acknowledges that he/she has read the foregoing paragraphs, has been fully and completely advised concerning same and is fully aware of legal consequences of signing this document. Undersigned further states that based upon his/her independent evaluation of the risks, UNDERSIGNED REAFFIRM HIS/HER ASSUMPTION OF THE RISKS AND DANGERS SET FORTH ABOVE. Undersigned has read and hereby agree to abide by the City Recreation Activity Rules. Undersigned gives permission to the CITY OF RIVERSIDE to photograph him/her participating in the activity for use in future City publications and understands that he/she will not receive any compensation for such use. Undersigned further acknowledges that his/her participation in the CITY OF RIVERSIDE Recreation Activities will be in jeopardy should he/she fail to adhere to the rules.

Vendor Information—Please Print Clearly Using Black or Blue Ink

APPLICATION DUE BY Friday, September 7, 2018

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**FOR OFFICE USE ONLY**

Forms Completed & Submitted:

Application     Waiver/Release     Business License Payment     BOE     Insurance     Health Permit

Vendor Type \_\_\_\_\_ Booth No. \_\_\_\_\_

Receipt No. \_\_\_\_\_ Payment: Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_