

Festival organizer only:
DATE RECEIVED

VENDOR APPLICATION
(Please Print)

Vendor Name _____

Type of merchandise _____

Address _____ City _____ Zip Code _____

Contact Person _____ Telephone _____ Cell _____
Please PRINT

Title (owner, manager, etc.) _____ e-mail _____

California Sales Tax License #: _____ Year _____

Copy enclosed? YES _____ NO _____ If no, state reason _____

Description	Unit Price	Quantity	Amount
Location: Main Auditorium One Table (8" x 30") with two folding chairs	\$125		\$
Location: Main Auditorium – Non-Profit One Table (8" x 30") with two folding chairs	\$50		
Location: Main Auditorium – Sponsor One Table (8" x 30") with two folding chairs	Fee Waived		

TOTAL DUE \$ _____

PAYMENT

Total Amount Enclosed \$ _____

SIGNATURE OF APPLICANT _____ DATE _____

Total payment with required documents must be returned by **FRIDAY, January 12, 2017** to:

Chinese Cultural Society of Stockton
PO Box 692035
Stockton CA 95269-2035