



Memorial Day Weekend 2018 – May 26, 27 and 28

As a benefit of being a Hermosa Beach Chamber of Commerce and Visitors Bureau member, and if your business is located on the Fiesta venue, the Chamber offers you a complimentary Fiesta booth space. If you request a second space, the charge is \$650.

If you plan to use the spot outside your store for the Memorial Day Fiesta, please complete this form and mail, email ([jamie@hbchamber.net](mailto:jamie@hbchamber.net)), or fax it to us by **May 4<sup>th</sup>, 2018** and we will reserve the space for you. Our fax # is (310) 798-2594.

The show runs from 10:00AM – 6:00PM. Exhibits must be set up before 9:30AM each day.

**Booth space is to be used by YOUR business only to sell services, products and materials standard to your location and is NOT transferable. Your membership dues must be current. The booth must be occupied by your business for all three days or the space will be filled.**

If you have any questions, please feel free to call Jamie Janssen at (310) 889-5303.

**Company Name:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Store Telephone** \_\_\_\_\_ **Cell** \_\_\_\_\_

( ) 1 space Provided to you free of charge

( ) 2 spaces Extra space is \$650 and is not fully reserved until paid in full.

You may pay for additional space by business check, money order, cashier’s check or credit card.

Make **checks** payable to *Hermosa Beach Chamber of Commerce and Visitors Bureau*

For **credit card** orders, please use the form attached to this application. A 3% credit card processing fee will be assessed at the time the booth is charged to your account.

**You will be charged a \$100 late fee if your application is received after May 4<sup>th</sup>, 2018.  
After this deadline your space may be assigned to another vendor.**

## APPLICATION CHECKLIST

- Application completed in full
- Money order, cashiers check or completed Credit Card Authorization form
- I have read the attachment defining municipal codes for the City of Hermosa Beach and agree to comply with ordinances regarding plastic bags, polystyrene, A-frame advertising and no-smoking regulations.

## STATEMENT OF UNDERSTANDING

- I have read this application completely.
- I understand and agree to pay all fees required to participate in this event if I elect to purchase additional space.
- I understand that I may voluntarily forfeit my space if I choose to not use it.
- I understand I will forfeit my space if I do not return this request and payment by **MAY 4, 2018**. The Hermosa Beach Chamber of Commerce has the right fill my available space upon forfeiture.
- If accepted, I will participate at my own risk and not hold the City of Hermosa Beach or Hermosa Beach Chamber of Commerce, or any of its agents or representatives, liable for loss or damage.
- If I do not comply with the event regulations, I understand that I may be removed from the show without recourse.

I understand this complimentary space is a benefit for being a Hermosa Beach Chamber of Commerce member with a business located on the venue. The Chamber obtains a permit from the City of Hermosa Beach for the event. The Chamber therefore assumes responsibility for public safety and event management. It is mandatory that you keep your items within your booth space. Any exhibitor, merchant, or vendor/businesses that does not comply with event regulations will be required to vacate the entire space.

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Name of Authorized Participant

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Signature of Authorized Participant

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Date Submitted

**Hermosa Beach Chamber of Commerce and Visitors Bureau**  
**1007 Hermosa Ave**  
**Hermosa Beach, CA 90254**

**(310) 889-5303**  
[jamie@hbchamber.net](mailto:jamie@hbchamber.net)

**(310) 376-0951**  
[info@hbchamber.net](mailto:info@hbchamber.net)

# CREDIT CARD FORM



**PLEASE COMPLETE INFORMATION BELOW TO PAY BY CREDIT CARD  
EVERY SPACE MUST BE COMPLETED AND LEGIBLE  
APPLICATION IS PROCESSED ONLY AFTER PAYMENT IS APPROVED  
VISA, MASTERCARD AMERICAN EXPRESS ACCEPTED**

## PAYMENT/AUTHORIZATION INFORMATION

Type of Card \_\_\_\_\_

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_

Expiration Date (mmyy) \_\_\_\_\_

Amount Authorized \$ \_\_\_\_\_

*(The 3% credit card processing fee will be added to your total. By signing below I'm authorizing the HBCCVB to add this fee.)*

## CUSTOMER BILLING INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Billing address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Email Address  
(for **Credit Card Receipt**) \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_