

BURBANK



TOURNAMENT OF ROSES

BURBANK TOURNAMENT OF ROSES ASSOCIATION

Mailing Address:

P.O. Box 373
Burbank, CA 91503-0373
(818) 840-0060

www.BurbankRoseFloat.com

Construction & Decoration Site:

Burbank Water and Power
123 W. Olive Avenue
Burbank, CA 91502

To: Prospective Craft Faire Vendor
For: Burbank Tournament of Roses Association
8th Annual Open House and Craft Faire
When: Saturday, October 7th, 2017

Attached are forms to be completed if you wish to reserve a table at the 8th Annual Open House and Craft Faire sponsored by the Burbank Tournament of Roses Association.

RESERVATION FORM: Please fill out all items and be sure to include a description (or picture) of you merchandise or crafts to be sold. The table fee is: \$40.00 for regular or \$50.00 for an end table. Tables are assigned on a 1st come 1st served basis. For those interested in reserving 2 tables, the cost will be \$75.00.

CITY OF BURBANK APPLICATION FORM: The City of Burbank requires all vendors to have an Itinerant License for the day. Itinerant License fee is \$35.00 for Saturday. We are sorry to see that the City of Burbank raised their fees and hope you will continue to support the Burbank Tournament of Roses Association.

If you know of any Craft Faire vendors that might be interested in selling that day, please have them contact me, Kim Bossley. The cut-off date for reservations is September 22, 2017. Please feel free to e-mail or call me with any questions.

I can be reached at:

E-Mail: KBossley@sbcglobal.net

Phone: (818) 515-6658

We look forward to seeing you at our Open House and Craft Faire.

Kim Bossley
2017 Open House and Craft Faire Committee Chair

Open House and Craft Faire – Saturday, October 7, 2017 Vendor Agreement/Contract

FEE: \$40.00 for regular, \$50.00 for an end table or \$75 for two tables. In exchange for your fee, Burbank Tournament of Roses Association (BTORA) will allot to you the use of one 30"x96" covered table and 2 chairs for selling your merchandise. No more than 2 people per table selling. Space is limited. Racks and other large items need approval. Reservations must be made prior to or by **September 22, 2017** and must be accompanied by the proper fees and forms. **Write one check for both items, Table rent and License and make it out to BTORA.**

SET-UP:

Set-Up Time	9:30 a.m. -- 11:00 a.m.
Sell Time	11:00 a.m. -- 4:00 p.m.

FLYERS: Will be available to you upon receipt of your completed reservation forms and fees.

ADVERTISING: Will include local newspaper, internet, posters in local businesses, outside banners, etc. We strongly recommend and encourage you to also use your advertising methods (social media, newsletters, etc.).

DONATIONS: If you wish, you may donate something towards our opportunity raffles. **You will receive a tax-deductible receipt.**

IMPORTANT: You will be responsible for collecting your own sales tax. You will hold BTORA harmless for any and all lost, stolen or damaged articles sold or displayed during the day of the event. After you have unloaded your car, please use the Metrolink Parking Lot.

PARKING: ALL parking for this event will be at the Metrolink parking lot (5 W. Olive Ave., Burbank), under the Olive Ave. Overpass at the corner of Olive and Flower St.

FOR YOUR INFORMATION

The City of Burbank requires an "Itinerant Merchant License" for every merchant conducting business for a profit at our location. The cost is \$35.00 per day per merchant and is non-refundable after September 22, 2017. A blank form is enclosed. This form **MUST** be completed and returned with your reservation form and fees. We will obtain the necessary license and permit for you. Note: A change in the City of Burbank policy makes it mandatory for vendors who already have a City of Burbank business license to obtain an Itinerant Merchant License for the event. License may not be individually obtained.

We are a non-profit organization and we are allowed to raise funds in any manner. We are not required to obtain any licenses, nor can we obtain one blank license to cover everyone.

RESERVATION AGREEMENT/CONTRACT FORM

TABLE CHOICE

Vendor/Crafter

Address

City, State and Zip Code

Area Code/Phone Number

Regular Table - \$40.00
\$40 + \$35 = \$75.00 total

End Table - \$50.00
\$50 + \$35 = \$85.00 total

2 Tables - \$75.00
\$75 + \$35 = \$110.00 total

**RETURN RESERVATION/AGREEMENT FORM, BUSINESS LICENSE FORM,
RESERVATION FEE AND BUSINESS LICENSE FEE PAYABLE TO:
BURBANK TOURNAMENT OF ROSES ASSOCIATION**

Mail to:

**2017 BTORA Open House and Craft Faire
Kimberley Bossley
7516 Bloomington Ave
Burbank, CA 91504**

Must be received by: **September 22, 2017**

DESCRIBE YOUR CRAFT/PRODUCT BELOW OR SUBMIT A PICTURE

This helps with our advertising

I agree to abide by the terms set forth on my agreement/contract for the Burbank
Tournament of Roses Association's "Open House and Craft Faire" on Saturday,
October 7, 2017.

Vendor/Crafter Signature



City of Burbank
Community Development Department – Building Division
 150 North Third Street / 818-238-5280 / www.burbankca.gov

Mail and Make Checks Payable to:
 City of Burbank
 Building Division
 P.O. Box 6459
 Burbank, CA 91510-6459

BUSINESS APPLICATION

PLEASE PRINT ALL INFORMATION

Date of Application:		
Type of Permit: <input type="checkbox"/> Entertainment <input checked="" type="checkbox"/> Itinerant Merchant <input type="checkbox"/> Daily Food Peddler		
Name of Event: Burbank Tournament of Roses Association Open House and Craft Fair		
Address of Event: 123 W. Olive Ave., Burbank, CA 91502		
Date/s of Event: October 7, 2017		
Business Name: (for Daily Food Peddler use Individual's Name)		
For Daily Food Peddler – Food Items to be Sold:		
Mailing Address:		
Corporate Name:		
Business Phone: ()	Business FAX: ()	
Email Address:	Web Address:	
Contact Person Name:	Contact Person Phone: ()	
Contact Person Email Address:		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____		
Social Security or Federal ID Number:		
Owners, Partners or Corporate Officers (attach additional sheets if needed)		
Name:	Title:	
Home Address:		
Phone: ()	Driver License No.:	Email:
Name:	Title:	
Home Address:		
Phone: ()	Driver License No.:	Email:

I hereby certify that the information furnished in this application and the attached materials are true and correct to the best of my knowledge and belief. I understand that I may be required to submit additional information related to the proposed business before a decision can be made. I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an application.

Applicant's Printed Name _____ **Title** _____
Applicant Signature _____ **Date** _____

Office Use Only

LICENSE FEE	\$ 34.00 *	DATE PAID	_____	BASIC TAX	\$ _____
PRO-RATE	\$ _____	CLASS CODE	_____	EMPLOYEE RATE FEE	_____ X \$ _____ = \$ _____
PERMIT FEE	\$ _____	BUSINESS ACCT NO.	_____	TOTAL TAX	\$ _____
APPLICATION FEE	\$ _____	ZONE	_____	PRO-RATE	\$ _____
ADJUSTMENT AMT	\$ _____	NO. OF PERSONS/DOGS/VEHICLES	_____	REG / TRANSFER FEE	\$ _____
CSA FEE	\$ 1.00	LICENSE ISSUED DATE	_____	ADJUSTMENT AMOUNT	\$ _____
TOTAL DUE	\$ 35.00			CSA FEE	\$ _____
				TOTAL DUE	\$ _____

* For up to a 7 day event

APPROVALS	DATE	APPROVED		BY	DATE
		YES	NO		
TO PLANNING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO FIRE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO POLICE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO HEALTH	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO BUILDING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

LICENSE / CERTIFICATE ISSUED

Notes and Comments