



**NON
FOOD
BOOTH
2025-26**

Co. Name: _____

Co. Phone: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ **Cell Number:** _____

Email: _____

What are you selling? (Be Specific) _____

Start & End Dates – no Single Weeks for your booth: _____

Signature: _____ Date: _____

***Booth Purchases are NOT REFUNDABLE**

Cancellations or No Shows are charged (Initial)

Certain Restrictions Apply to BOOTHS, PERMITS & PRESENTATION Booths

Price is based on a 12X12 Space

\$60 Per Week Merchandise (Pre-Pay 1 Month Minimum)

\$50 Per Week Information or Non-Profit Booth (Pre-Pay 1 Month Minimum)

\$45 Per Week Entertainment Booth (Pre-Pay 1 Month Minimum)

(10% Discount for Pre-Paying 52 weeks)

(BOOTHS must Pay for 1 Full Month – NO SINGLE WEEKS)

Fee/Booth \$ _____ Number of Booths X _____

Number of Weeks _____ Total Due \$ _____

ENCLOSED: Application & Release Form _____ Payment _____ Credit Card _____

EMAIL THE COMPLETED FORM to s.lariz@yahoo.com

Or Chris.lariz07@gmail.com

Call 805-705-8061 or 805)314-5945

MakeCheckPayableTo:Santa Maria Swap Meet,718E.ChapelSt,SantaMaria,CA93454

Non Food Booth Vendor Agreement- Please Read Carefully

The above applicant hereby referred to as the Exhibitor, agrees to lease space for Downtown Fridays, which will take place every Sunday 7am to 3pm, Starting Sept 7TH (Times & Dates subject to change) at Allan Hancock College.

1.Exhibitor is leasing booth space from the Producer to be assigned at the discretion of the Producer. The booth space is provided by the Exhibitor and must be self-contained. Exhibitor understands that the Producer does not provide water, electricity, tables, Pop-ups, or chairs. **ALL VENDORS MUST HAVE A POP-UP, OR FOOD TRUCK & A PROFESSIONAL PRESENTATION.**

2.Exhibitor agrees to accept, use, and pay for the exhibit space as listed above. **(Initial**)
EXHIBITOR agrees not to sublet or apportion space to anyone else and abide by all rules and conditions in this agreement and City, & County rules and regulations. **(Initial**)

3.All agreements and payments are due by Sept 1st, 2025. Acceptable forms of payment are cash, check, MasterCard, or Visa. Exhibitor agrees to pay a minimum of 4 weeks in advance and have a credit card on file. **(Initial**)

4.Exhibitor agrees to accept the assigned space. Exhibitor will be notified of the assigned space no later than Sept 5, 2025. **(Initial**)

5.Exhibitors will limit vehicles brought to the event, to one vehicle. Exhibitor will staff their booths from 7:00 am to 3pm. Exhibitors are responsible for the delivery, handling, setup, and removal of their own displays. Exhibitors must set up their booths from 5am to 7am and be **READY no later than 7:00 am each Sunday**. All vehicles must be off the event path and in the parking lot by 7:00 am. All booths must **STAY UNTIL THE END OF THE EVENT. Each vendor is required to remove their trash and leave their area clean, or a \$25 Cleaning Fee will be app****(Initial**)

6.Exhibitors who come in after 7:00 am to set up will have to park and walk their booth in. **All booths must stay until the event is OVER – No Earlier than 3pm**. If this happens more than once Vendor will be permanently removed from future events. **(Initial**)



7. Each Food Vendor must provide two, twenty-gallon trash containers and remove such trash at the end of the event.

8. Producer does not represent or guarantee product or service exclusivity to the vendors.

9. Vendors are responsible for their own registers and sales taxes.

10. Producer is staging a family event, so Vendors must ensure that their product or service is appropriate for the entire family. Drugs, knives, firearms, or drug paraphernalia may not be sold, promoted, or demonstrated.

11. There are no cancellations or refunds after August 15th, 2025.

12. Vendors are not allowed to hand fliers, brochures, coupons, etc. outside their vendor space. (Initial _____)

13. Any person or entity utilizing Downtown Fridays to promote its business, service, or sell products without a prior vendor agreement and corresponding payment, will be charged a marketing fee of \$1,500.

14. If a Vendor no shows 2 times without the minimum notice they will be permanently removed from future events. No refunds will be issued in any case. (Initial _____)

15. In the instance of rain or inclement weather, the Event Coordinator will decide whether to cancel by 2PM of that event day. It is the participant's responsibility to contact the Event Coordinator to find out if it is canceled. No rain credits will be given unless the Coordinator has given the official call. **A participant who chooses to not participate when a rain call has not been made will not be issued a rain credit. (Initial _____)**

Signature _____ -





Indemnity Agreement

Please read carefully and sign

The Vendor shall indemnify and hold harmless Santa Maria Swap Meet, Emerald Wave Media, the City of Santa Maria, and Alan Hancock College from any and all demands, expenses, fees, fines, penalties, suits, proceedings, actions, and causes of action of any and every kind and nature arising, or growing out of, or in any way connected with, the vendor's participation in the Santa Maria Swap Meet.. It is mutually agreed that there shall be no change or modification of this contract except by a written amendment signed by both parties hereunto, their successors, and assigns.

I have read and understood the Santa Maria Swap Meet Rules and Regulations, and I hereby agree to abide by these rules and regulations. I understand that if I do not comply, I and the organization or entity I represent, if any, will be excluded from future participation in Santa Maria Swap Meet, and will be subject to any and all other rights, claims, and remedies the Santa Maria Swap Meet entities may have for such failure.

Signature of Authorized Vendor Representative: _____

Date: _____

Please sign and return Application and
Check or Credit card authorization

**Santa Maria Swap Meet : 718 East Chapel St. Santa Maria, Ca.
93454 OR email to
Chris.lariz07@gmail.com MTN# 805-314-5945 or
s.lariz@yahoo.com MTN# 805-705-8061**



Name of Vendor _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____ CVV Code _____
Expiration Date (mm/yy):	_____
Billing Address and Zip Code	_____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date