



2023 Elko Christmas Bazaar



Vendor Application

Event Dates: Saturday, December 2nd 9:00 – 5:00 p.m.
Sunday, December 3rd 9:00 – 3:00 p.m.

Location: Elko Convention Center
700 Moren Way, Elko

Time:

Set-Up
Friday, December 1st 2:00 – 7:00 p.m.
Saturday, December 2nd 7:00 – 8:30 a.m.

Take-Down
Sunday, December 3rd 3:15 – 6:00 p.m.

Contact Info: The Terrace at Ruby View
775-738-3030
theterrace@elkoseniors.org

Mailing Address: **The Terrace at Ruby View**
Attn: Elko Christmas Bazaar
1795 Ruby View Drive
Elko, NV 89801

Qualifications:

- Vendors should provide an adequate description of their product. **At least 2 pictures and samples of work are required to be included with this application for evaluation.**
- The event reserves the right to reject applications, and or products, that do not meet the standard as determined by our committee. This would be for work that is of poor quality or inappropriate. Our goal is to provide a quality experience for the vendor and patrons.
- Application and Photos must be submitted by email to: theterrace@elkoseniors.org

Booth Spaces:

- Vendor spaces are approximately **8** feet wide and **10** feet long. Popups are only allowed in a double front to back space. Please be courteous with other vendor's space.
- Limited numbers of booths have electricity available at an additional cost (\$30 for 110, \$150 for 220)
- Internet service may be available through the Convention Center. The Terrace does not provide internet service.
- All food vendors (selling or sampling) must hold a valid permit with the Nevada Division of Public & Behavioral Health.
- Every vendor that makes sales must lawfully collect sales tax and complete the State of Nevada Sales Tax Form.
- Convention Center Staff cannot assist in booth set-up, including hanging signs. Ladders may be available for a short period.

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Fees & Deadlines:

- \$100 deposit required **per booth**. **Deposit is non-refundable.**
- Full payment must be received by **October 15, 2023**. Failure to pay in full before the due date may cause the vendor to lose reserved space and deposit.
- Method of Payment; cash, check, money order, or credit card (3.5% additional fee). Please make checks payable to **Elko Senior Citizens Center** or **ESAP**.

All Information Required: (Please Print)

Business Booth Name: _____

Vendor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

City of Elko Business License: ____ (YES) or ____ (NO)

Employer Identification Number (EIN) or Social Security Number: _____

List of what you are exhibiting:

Booth Options: (Please confirm all desired options. Pricing is in advance. There may be higher pricing the day of the event)

Item	Fee	Number	Subtotal
Approx. 8 x 10 Space <i>(Does NOT include table or chairs)</i>	\$275 / first booth	<u> 1 </u>	\$ <u> 275.00 </u>
Additional Space	\$175 / each booth	_____	\$ _____
Table Rental 8' Skirted	\$25 / each table	_____	\$ _____
Chair Rental (Max 3 per booth)	\$10 / each chair	_____	\$ _____
Electricity (price may vary depending on volts)	\$30	Flat fee	\$ _____
Food Truck	\$200 / outdoor	_____	\$ _____
Non-Profit Space <i>(must provide tax exempt letter)</i>	\$125 / limited space	_____	\$ _____

Requested Booth Space(s): _____

Total \$ _____

While every effort will be made to honor requested Booth Spaces, Booth Space is not guaranteed.

Release of Liability:

I hereby release and forever discharge The Terrace at Ruby View from any claims, personal liability, responsibility, loss, or damage resulting from, or in connection with, the Elko Christmas Bazaar.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Total Due: _____

Deposit - Date Paid: _____ **Amount:** _____ **Check/CC Ref. #:** _____

Initial: _____ **Balance Due:** _____

Final Payment - Date Paid: _____ **Amount:** _____ **Check #/CC Ref. #:** _____

Initial: _____ **Balance Due:** _____

Notes: _____

Booth number(s) assigned: _____ **Paid in Full**