

MOHAVE COUNTY GEMSTONERS
PO BOX 3992, KINGMAN, AZ 86402
DEALER CONTRACT

I/we _____, wish to acquire table space in the MCG Show. I would like to reserve the following:

_____ 6' tables Total linier ft _____ X \$7 per ft = _____

_____ 8' tables Total linier ft _____ X \$7 per ft = _____

Kingman 'Special Event Permit' (not applicable for those with City License) \$11. = _____

Total= (includes table rental & City Permit) ----- _____

Total payment is due by Feb. 28, 2020. Your cancelled check is your confirmation; however, you will receive a letter of acceptance from us and more complete details about the Show. Make checks payable to Mohave Co. Gemstoners. Please include the City Event Fee in the check as the City will not accept individual Vendor checks. Mail to address on top of this form. Thank you.

Dealer Responsibilities and Acknowledgements:

Dealer setup will be May 1st, from 12 noon until 6PM. The Gym will be open at 7AM Saturday for those needing more time before the opening hour of 9AM.

Dealers are responsible to be open during Show hours: Sat 9 to 5, Sun 9 to 4, with representation in booth during these hours.

Dealer agrees to cease selling at 4 PM on Sunday. Gym needs to be vacated by 6 PM so that Club members can clean Gym prior to locking up.

Cancellation must be in writing. Refund will be: 100% if received by January 31, and 50% if received by Feb 28.

Dealer will provide own insurance for duration of Show.

Dealer agrees not to sue Kingman Academy or MCG or their officers for any loss or damage to, or destruction of inventory, supplies, or equipment. This agreement shall bind any heirs, executor administrators and assigns.

Gym floor is covered with a special rubberized finish that Dealers must protect in their booth area.

Dealers using lighting are required to use fluorescent or LED bulbs in their lamps.

My sales include the following:

Business Name: _____ Address: _____


Contact Phone: _____ Cell Phone: _____

E-mail: _____ I need Electricity: I do not need Electricity

I would like to do a display case

Signature of Authorized Representative: _____

Please print name(s) legibly for Vendor Badges: _____

CITY OF KINGMAN 310 N. 4th Street, Kingman, AZ (928) 753-8113 SPECIAL EVENT VENDOR PERMIT		EVENT:																				
		Date/s of Event:																				
Business Information		Fee: \$ 11.00 [waived with a Current City of Kingman Business License]																				
Business Name: Mailing Address:	Business Location [if different than mailing address]: ARIZONA SALES TAX #: (Required for Collect of Kingman Sales Tax)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> <tr> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> </tr> </table>											-									-
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CITY OF KINGMAN BUSINESS LICENSE #: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table>																						
Describe your business; sales method; and the kinds of products or services to be offered at this event:																						

Personal Identification of Applicant: *Not required if business has a current City of Kingman Business License.

Applicants Full Name:	Relationship to business:
*Home Street Address:	Contact Phone #
	Driver's License #: State:
	Expiration Date:
I HEREBY CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE COMPLETE AND ACCURATE: X	APPROVED:
Signature	Date
	Event Coordinator Date