

41st Annual Cinco de Mayo

LATIN ANGLO ALLIANCE FOUNDATION

APPLICATION and AGREEMENT

Date: _____ *Date received by LAA: _____

Name: _____ Business: _____
*(Contact Person)

Address: _____ City: _____ St. _____ Zip _____

Phone #'s: _____ E-mail: _____ FAX: _____

BUSINESS OR PRIVATE INDIVIDUAL: _____

Non-profit (Informational and Educational): _____

Tax ID #: _____ Certificate of Liability Ins. Policy: **Please include a copy of your insurance.**

Type of Booth —what service will you provide?

Food: _____ Food Booths-**WILL NEED HEALTH DEPARTMENT 'APPROVAL LETTER'.**

Craft: _____

Game: _____

Other: _____ Explain: _____

****Each booth space is 12 ft. X 12 ft. (If you extend beyond 12 ft. you pay for 2 spaces. We will enforce).**

Do you need 1 booth space? _____ 2 booth spaces? _____ or more? _____

Are you expecting to stay open throughout the evening? Yes _____ No _____

(Please provide your own lighting if you plan to stay open until 10:00 pm.)

Additional Comments: _____

Electricity plug-ins are available.

****Vendors, please do not sell 'SILLY STRING' Thank you.**

****Only The Latin-Anglo Alliance can sell Soda Pop, Water Or Alcoholic Beverages.** If any vendor is caught selling these beverages, you will be asked to close down immediately and leave the area. ****You may sell: tea, coffee, fruit drinks, or lemonade.**

(No pueden vender soda, agua o bebidas alcohólicas, pero si pueden vender; te, café, limonada, o jugos de frutas.)

Please send: **'APPROVAL LETTER'** from Health Dept. and **'Certificate of Liability Insurance'** with your **'CINCO DE MAYO APPLICATION'**.

See **'Guidelines'** page for deadline dates, and LAA contact persons.

Please sign below and write the amount you are sending. Thank you very much.

Signature: _____ \$ _____ You are sending.

PLEASE COMPLY WITH COVID REGULATIONS