



P.O. Box 7186
Big Bear Lake, CA 92315
42900 Big Bear Blvd.
909-585-3000 Fax 909-584-2886 - www.bigbearevents.com



**2020 Mountain Christmas Boutique
VENDOR APPLICATION
NOVEMBER 27th, 28th & 29th, 2020**

Please fill-in the following information completely and legibly:

First & Last Name: _____
First Name Last Name

Company Name: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: _____ Fax Number _____

Please Circle One: **Returning Vendor** **New Vendor**

Category: *Please mark appropriate category:* Ceramics/Pottery Woodcrafts

Jewelry Clothing Paintings/Drawings Glass Art Needlework

Paper Design Furniture Antiques Other (Describe) _____

Are **all items** handmade by you? Yes No

Description of Merchandise: (Please list all items you intend to sell. Use extra sheet if necessary.) **We reserve the right to pull merchandise that is not listed below, identical/same as another vendor or deemed inappropriate.**

Please submit photos of your merchandise or provide a website address with existing pictures of your merchandise. **All Booths must have "Christmas/Winter Holiday" themed decoration.**

Place a check mark beside the space you are applying for.

All retail vendors are required, by law, to operate with a resale number. If you do not have one you must contact the Board of Equalization at (951) 680-6400 or go to: www.boe.ca.gov to apply.

**Show Hours are Friday and Saturday 12pm to 7pm, Sunday 12am to 5pm
(Hours are subject to change)**

Inside 8x10 (\$180) _____
Inside 10x10 (\$255) _____
Inside*Limited* 10x15 (\$285) _____

Tables (\$15) # _____ Chairs (\$10) # _____ <i>Must be reserved in advance.</i>

Space will not be held without Full Payment and Completed Application.

How did you hear about the **Mountain Christmas Boutique?**

Another Vendor Newspaper Direct mail Craftmaster Returning Vendor

Other _____

Please make checks payable to Big Bear Enterprises, LLC

(Checks will not be accepted as payment within 2 weeks of the show, must be cash or credit card)

PO Box 7186, Big Bear Lake, CA 92315

Fax 909-584-2886

Credit Card Information:

Name: _____

Card Type: _____

Card #: _____

Exp. Date: _____

Security Code (Last 3 digits on back of card): _____

Billing Zip Code: _____

Amount to charge \$ _____

(We will run the credit card upon approval of the application)

I understand that no space assignment will be confirmed until all of the requirements as outlined are submitted and my application and merchandise are approved. Upon approval, an Event Contract will be sent for my signature. Space Assignment will be confirmed upon arrival at Event unless otherwise stated in Event Contract.

Signature: _____ Date: _____