

GOLD COUNTRY HORSE SALE VENDOR APPLICATION

AUGUST 20-21, 2021

Ed Hughes Memorial Arena 600 S. Church Hwy 104, Lone, CA 95640

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Items to be sold or provided: \_\_\_\_\_

Vendor Space 12 x 12 \$50 per space. Vendor may have more than one space. # of spaces \_\_\_\_\_

Set-up Friday August 20<sup>th</sup> 8am to 12pm. Event is Friday August 20<sup>th</sup> 1pm until Saturday August 21<sup>st</sup> 5pm

All vendors must complete and sign this application to serve as a vendor at the 2021 Gold Country Horse Sale. Vendor will be provided a 12'x12' space. Tables and chairs are not provided. Spaces will be assigned by Gold Country Horse Sale Committee. First come first serve on availability.

Canopies or tents are allowed. All must be staked down. Electricity is available at additional cost of \$10. Please bring your own extension cords and plug-in. Generators are allowed. All vehicles must be parked in designated vendor area.

A temporary business license must be obtained through the City of Lone for \$9. Application is attached.

Payment must be received with the application. Payment can be made to Gold Country Horse Sale in the form of check mailed to 11705 Quiggle Rd. Herald, CA 95638 or in person or Venmo @goldcountryhorses. If you are a no show for the event you forfeit any fee paid. No credit given. A detailed map will be emailed with venue layout to you one week prior to event date.

Participants agree by signing below to accept the following hold harmless clause:

I have reviewed and agree to all terms for participating in the Gold Country Horse Sale. By registering for and participating in the event, I assume full risk and responsibility for any loss or damage incurred during this event and I release and hold harmless the City of Lone, Ed Hughes Memorial Arena, Gold Country Horse Sale, any and all employees, coordinators, volunteers, contractors and sponsors from any claims arising out of my participation in this event. I understand that I am solely responsible for all State, City, County, or other applicable permits, licenses, and/or certificates associated with my participation in events. I understand that I have been advised to carry my own personal and product liability insurance.

I have read and agree to comply with all terms in this application. I have completed the above list of items to be sold.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Space Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Executed by \_\_\_\_\_

Contact Information: Brooke (916) 600-1548 FB Page: Gold Country Horse Sale  
Email: [office@goldcountryhorsesale.com](mailto:office@goldcountryhorsesale.com)



# City of IONE BUSINESS LICENSE APPLICATION FORM

**CITY USE ONLY**

Zoning Designation: \_\_\_\_\_  
 Assessor's Parcel No: \_\_\_\_\_  
 Approved by City Planner  Yes  No  
 Date Approved: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_  
 Clerk: \_\_\_\_\_

Copy of Seller's Permit  Yes  No  
 Copy of Worker's Comp.  Yes  No  
 Approved by City Clerk  Yes  No  
 Date Approved: \_\_\_\_\_  
 Receipt No: \_\_\_\_\_  
 License No: \_\_\_\_\_

**Applicant: Fill in applicable areas; please print clearly.**

Name of Business: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Phone \_\_\_\_\_  
 Date Business Started or Will Start: \_\_\_\_\_  
 Business Location: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Application is for:  Sole Proprietorship  Partnership  Corporation\*  
 Business Owner(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_

Social Security Number of Sole Proprietor: \_\_\_\_\_  
 \*If Partnership or Corporation, list officers and addresses:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Seller's Permit, or Resale Number (State Sales Tax): \_\_\_\_\_

*Please submit a copy with your application. Information about the nearest State Board of Equalization is available upon request.*

Federal Tax I.D. Number: \_\_\_\_\_ Non-profit organization?

State Contractor's License Number: \_\_\_\_\_

Do you have employees?  Yes  No

*If you will also be obtaining building permits, a copy of your Worker's Compensation Insurance is needed if there are employees.*

I declare of my own personal knowledge that the foregoing is true and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_