



# MCSC HOLIDAY BAZAAR VENDOR APPLICATION



**Event Name:** MCSC Holiday Arts & Craft Sale

**Event Date:** Saturday, Dec 6<sup>th</sup>, 2025

**Event Time:** 10AM-3PM

Please complete the following sections, review the Terms & Conditions, sign the application and submit to the MCSC 829 Bay Avenue, Capitola 95010 Attention: Cindy Kiernan or email to [mcsc4treasurer@gmail.com](mailto:mcsc4treasurer@gmail.com) no later than **November 25, 2024**.

**Please send \$40 payment to 829 Bay Avenue, Capitola CA 95010 with application.**

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Business or Company Name (if applicable) \_\_\_\_\_

Your name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Describe the Products/Services you will be offering:

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**Booths:** This is an inside only event. Each space consist of 2 6' tables and 2-4 Chairs as need which will be provided and pre-set for you. The fee is \$40. Make checks payable to MCSC. Credit/debit cards are accepted and include a processing fee. You must come into the Senior Center to process by Credit Card. Electricity is available in limited spots. Advance notification required.

**We only have space for 20 Vendors. Please get your applications in early for review/approval.  
Each Vendor will be asked to donate 1 item towards a door prize basket.**

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## Sales tax

☐ I hold a valid seller's permit. My permit number is: \_\_\_\_\_

☐ I am not making or soliciting sales of tangible personal property at this event ☐

I am not required to hold a seller's permit because:

☐ My retail sales are not subject to tax

☐ My sales are exempt occasional sales

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Questions? Email [mcsc4treasurer@gmail.com](mailto:mcsc4treasurer@gmail.com) with Parking Lot Sale in the subject line.

**Please review and sign the following page.**

# Mid-County Senior Center Special Event Vendor Application

## Terms & Conditions

1. **Application.** The Mid-County Senior Center reserves the right to accept or decline any application at its discretion. Each vendor must submit an individual application and payment. Spaces may be combined if arrangements are made in advance.
2. **Parking.** Vehicles are allowed in the vendor area during setup and take down only. Please move your vehicle to the designated parking area before 9:30 AM.
3. **Setup & take down.** You will receive your booth location on the morning of the event. Setup begins at 8:00 AM. No vendor booths, tables, tents, etc. shall begin breakdown until the event ends at 3:00 PM. Vendors are responsible for setup and take down of their exhibits. Tables and chairs will be set out and picked up by MCSC. Vendors must staff their exhibits during the entire event from 10:00 AM – 3:00 PM; if slow traffic, we will allow breakdown starting at 2:00PM
4. **Music.** The use of amplified sound is prohibited in all vendor booths.
5. **Merchandise.** Vendors shall exhibit, sell, or give a way only merchandise, literature, and services specified in the application.
6. **Government regulation.** Vendors must comply with state and local regulations for their goods or food products and must present copies of all applicable licenses and/or proof of compliance with completed applications.
7. **Food preparation** or cooking is not allowed.
8. **Waste.** Vendors should dispose of all trash in the appropriate bins provided by the Center.
9. **Sales tax.** If required by the state, it is the responsibility of the vendor.
10. **Contingency.** Should any event interrupt or prevent the holding of the MCSC Holiday Art and Craft Sale, MCSC shall in no way be liable to vendors. Should any contingency prohibit the event from taking place MCSC will make their best efforts to reschedule the event on a weekend day as near to the original date as possible or cancel the event.
11. **Liability.** Vendors agree to make no claim for any reason against event coordinators or the Mid-County Senior Center for loss, theft, damage, or destruction of goods, nor for injury to themselves, employees, volunteers, or visitors incurred at the event.

I agree with the above Terms & Conditions and submit this application.

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

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### MCSC Office use

Date received \_\_\_\_\_ Receipt #: \_\_\_\_\_

Reviewed by \_\_\_\_\_ Accepted [ ☐ ] Yes [ ☐ ] No, Reason \_\_\_\_\_

Booth # \_\_\_\_\_