

You've been selected to participate in our 2021 Fall Chick Event! Please submit this payment form within five business days to secure your booth space.

 <p><i>local</i> shops · arts · eats</p>	<p>Event Details: October 9-10, 2021</p>	<p>Event Location: Town Center Plaza</p>
	<p>Sat, 10/9: 10am-6pm</p>	<p>5000 W 119th St</p>
	<p>Sun, 10/10: 11am-4pm</p>	<p>Leawood, KS 66209</p>

Booth Pricing:

*A \$100 deposit is required to reserve a booth.
*The total booth cost is due August 9, 2021.

- ___ 10x10 inline with NO tent back (\$350)
- ___ 10x10 inline w/tent back (\$375)
- ___ 10x10 corner w/tent back (\$450)
- ___ 10x10 corner with NO tent back (\$425)
- ___ Premium corner booth- entrance side of event (+\$50)
- ___ 20x10 inline w/tent back (\$675)
- ___ 20x10 inline with NO tent back (\$630)
- ___ 20x10 corner w/tent back (\$750)
- ___ 20x10 corner with NO tent back (\$705)
- ___ Food Truck (\$250)

*** There is a \$50 fee for booth sharing**

Add-ons:

___ Electrical Hookup: \$25

Marketing Opportunities:

- ___ Social Media & Email feature (\$100)
- ___ Prize Giveaway \$50 min. prize value (no charge)
- ___ Featured Business Listing on www.chickevents.com July-December (\$25)

<p>Booth Price: _____</p> <p>Electrical: _____</p> <p>Marketing: _____</p> <p>Mandatory City of Leawood Permit: <u>\$12</u></p> <p>Total: _____</p> <p>I'd like to pay in full <input type="checkbox"/></p>

Business Name: _____ Contact: _____

Phone: _____ Cell Phone: _____ *By providing your cell phone number, you are enrolling in our Vendor Text notification program. You may opt out at any time.

Email: _____ Website: _____

Facebook.com/ _____ instagram.com/ _____

Payment Type (circle one): Visa MC AMEX Discover Check (Make out to: Just For Her Expo)

CC#: _____ Expiration: _____ CSV: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Payment Terms: \$100 payment must be received at time of registration. Final payment is due 8/9/21. \$100 deposits will be refunded in full if you cancel prior to 4/9/21. After this date, \$100 deposits and future payments are not refundable. Full refunds will be offered if the event is canceled by Chick Events due to Covid-19 Restrictions.

Signature: X _____ Date: _____

I am an authorized representative of the exhibiting company and have read the Terms and Conditions for Chick events and agree to the terms of this contract and billing requirements.

Email payment form to aimee@justforherevent.com, Fax to (913) 548-4895
or Mail to: Chick Events, 4140 W 151st St., Leawood, KS 66224

CITY OF LEAWOOD - APPLICATION FOR SEASONAL & FOOD VENDOR BUSINESS LICENSE

PLEASE SCAN/EMAIL, OR FAX THE COMPLETED FORM TO GABY MCCLURE:
 GABY@JUSTFORHEREVENT.COM FAX#: 913-548-4895

LEAWOOD EVENT INFORMATION:	FALLCHICK EVENT
EVENT ADDRESS:	TOWN CENTER PLAZA
STREET & ZIP	
EVENT DATE: Oct. 9-10	COST: \$12.00 PERMIT #: 2-20

FEDERAL EIN # _____

Legal Name of Business/Company: _____

DBA NAME: (Doing Business As): _____

Business Type:
 Corporation _____ LLC _____ LLP _____ Partnership _____ Sole Proprietorship _____ Other _____

Business Address: _____
Address City State Zip

Mailing Address (if different): _____
Address City State Zip

Business Phone # (____) ____ - _____ **Fax #** (____) ____ - _____ **Cell #** (____) ____ - _____

WEBSITE ADDRESS: _____

EMAIL ADDRESS: _____

Emergency Contact Person(other than owner): _____

PHONE #: _____ **EMAIL:** _____

BUSINESS TYPE: (Ex: Food vendor/truck/cart & type of goods): _____

FOOD VENDORS: A copy of current driver's license and state/local food vendor's license MUST BE attached with application.

Kansas State OR Local Health Permit# / Food Service License # : _____

Contractor/Driver Information:
Name: _____
Address: _____
Address City State Zip

DRIVER'S LICENSE #: _____ **STATE:** _____

VEHICLE INFO:

YEAR	MAKE/MODEL	LICENSE PLATE #	STATE	VIN#

Remittance must be submitted with this application to Chick Events.

I declare under penalty of false statement that to the best of my knowledge and belief the statements made herein are correct and true, and that the conduct of the business described above is in compliance with City Ordinances.

SIGNATURE: _____

PRINT NAME: _____

OWNER PHONE # AND EMAIL ADDRESS: _____

In accord with various state and federal civil rights legislation, the City of Leawood does not discriminate against individuals regardless of race, ethnicity, color, religion, gender, national origin, age, marital status, medical condition or disability.

Office Use Only:	Cust./Acct. # _____ / _____	SIC-NAICS Code: 30 / 5963 / 722330
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