

# 17<sup>th</sup> ANNUAL COMMUNITY DAY 2012

Saturday, January 14, 2012 - 8:00 a.m. - 3:00 p.m.

Venue Location: 1430 West Manchester Avenue, Los Angeles, CA 90047

Set Up Time: Friday, January 13, 2012 any time after 10:00 PM - Until

Saturday, January 14, 2012 during the hours of 4:00 AM - 7:00 AM

## International Business Expo Vendor Application

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Organization/Agency Name \_\_\_\_\_

Product/Service \_\_\_\_\_

Contact Person \_\_\_\_\_

Check one below (✓)	Type of Business	Paid BEFORE 10/31/2011	Paid AFTER 10/31/2011
	Corporation	\$500.00	\$700.00
	Small Business	\$200.00	\$400.00
	Non-profit/Government Agency	\$100.00	\$200.00

I am requesting to be an approved International Business Expo Vendor at the 17<sup>th</sup> Annual Community Day -2012.  
(Booth Rental Fee for Approved Vendors includes 1-six foot table and 2-chairs)

Item Description	Cost	Amount Paid	Balance Due
Corporation	\$500.00/\$700.00		
Small Business	\$200.00/\$400.00		
Non-profit/Government Agency	\$100.00/\$200.00		
Canopy Fee (size 10' x 10') (Optional)	\$ 65.00		
Electricity Fee (Optional)	\$ 35.00		
Non-Refundable Clean-Up Fee	\$ 20.00		
DONATION			
<b>TOTAL ENCLOSED</b>			

**NOTE to ALL FOOD VENDORS:** There is an additional Charge from the County of Los Angeles. Health Permit Fees made payable to: Los Angeles County. Fees paid with money order or cashier's check only. Please contact office for application and details.

**PLEASE CHECK ONE (✓)**

Method of Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
--------------------	-------------------------------	--------------------------------	--------------------------------------

Please make Checks or Money Orders payable to: H.O.P.E. for Life Foundation

**CREDIT CARD INFORMATION**

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

**Waiver:** I release the Sheriff's Multi-Faith Clergy Council, Power of love Christian Fellowship, H.O.P.E. for Life Foundation, its agents and affiliates from any liability that may be encountered on Community Day or Multi-Faith Prayer Breakfast 2012. I/We accept full responsibility.

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

**Community Day Headquarters**

1426 West Manchester Avenue • Suite A • Los Angeles, CA 90047

Website: [www.communityday.net](http://www.communityday.net)

(323) 753-4673/(323) 839-9399 (Office)

E-mail: [hope4life-90047@yahoo.com](mailto:hope4life-90047@yahoo.com)

Fax: (323) 778-4673/(323) 231-0012