



**CITY OF CHINO**  
**RETAIL & INFO VENDOR APPLICATION**  
**BARK AROUND AYALA PARK**  
 RUBEN S. AYALA PARK, 5575 EDISON AVENUE, CHINO  
 SATURDAY, NOVEMBER 8, 2025

Office Use Only  
 Date Received: \_\_\_\_\_  
 Staff's Initial: \_\_\_\_\_

Name of Company/Organization \_\_\_\_\_

Full Name of Person to Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day ☎ (\_\_\_\_) \_\_\_\_\_ Cell ☎ (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

**TYPE OF PARTICIPATION (Please check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> *Non-Profit Information Vendor Booth (Fee \$20) | <input type="checkbox"/> **Commercial Information Vendor Booth (Fee \$45) |
| <input type="checkbox"/> *Non-Profit Retail Vendor Booth (Fee \$35)      | <input type="checkbox"/> **Commercial Retail Vendor Booth (Fee \$65)      |

**\*A 501(c)3 forms must be provided with this application as proof of Non-Profit Status. \*\*Commercial = Operating a Business for profit**

**NOTICE: PLEASE BE AWARE OF THE FOLLOWING:**

**PLEASE INITIAL THAT YOU HAVE READ THESE ITEMS: \_\_\_\_\_**

- IF THE EVENT IS CANCELLED DUE TO SEVERE WEATHER, A FULL REFUND WILL BE ISSUED FOR THE BOOTH FEE. **BUSINESS LICENSING DOES NOT PROVIDE REFUNDS.**
- VENDOR/APPLICANT MUST BE PRESENT FOR THE DURATION OF THE EVENT.
- THE CITY OF CHINO WILL NOT MONITOR NOR GUARANTEE EXCLUSIVITY OF MERCHANDISE SALES.
- **NO REFUNDS FOR CANCELLATIONS AFTER FRIDAY, OCTOBER 10.**

**EVENT REQUIREMENTS**

- **Complete application form and submit payment upon approval of participation from City Staff.**
- **Submit Signed City of Chino hold harmless/waiver form. (See waiver on the back of this form)**
- **Current City of Chino Business License. BUSINESS LICENSE # \_\_\_\_\_**
  - Businesses located outside the City of Chino (who do not have a City of Chino Business License) are required to obtain a "one day" Vendor Permit.
  - One-day permits are \$20. Additional fees may be required by the City of Chino Finance Department, Business Licensing, 909.334.3263.
- **I am a non-profit organization and have a valid 501(C)3 501(c)(3)# \_\_\_\_\_**
  - All Non-profit organizations are required obtain a "one day" Vendor Permit.
  - Fees will be waived upon verification of non-profit status by the City of Chino Finance Department, Business Licensing, 909.334.3263.

**GENERAL BOOTH INFORMATION**

- Booth set-up begins at **7:30 a.m.** Please have booth ready by **8:30 a.m.** **Vehicles must be out of the event area by 8:15 a.m. For the safety of the participants, vehicles will not be allowed to enter/exit until City staff determines it to be safe. Vendor must drive no more than 5 mph in the event area.**
- A 10'x10' space will be provided for participants. Applicant is responsible for tables, chairs, canopy, canopy weights, etc. If more space is needed, please contact **909.334.3478.**
- The City of Chino will not monitor nor guarantee exclusivity of merchandise sales.
- **All vendors must bring weights to secure canopies.**
- Vendors shall ensure access to good and services for people with disabilities.
- All applications are subject to approval and will be reviewed in the order they are received.
- Priority goes to sponsors/partners and pet vendors. **Space is limited.**
- Electricity will not be provided. **GENERATORS ARE NOT ALLOWED for information and/or retail vendors.**

**PAYEE INFORMATION (if paying with check or credit card and if different than contact person at top of form)**

Name Listed on Check or Credit Card \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_



**APPLICATION SUBMISSION**

**Completed applications must be received no later than Friday, October 27, or until spots are filled.**

**Submit complete applications to:**

Attn: Healthy Chino

- **By E-Mail:** [healthychino@cityofchino.org](mailto:healthychino@cityofchino.org)
- **By Mail:** Carolyn Owens Community Center,  
13201 Central Avenue, Chino, CA 91710.

Make check/money order payable to: **City of Chino**

**For more information, contact:**

- **Healthy Chino**  
909.334.3478 | [healthychino@cityofchino.org](mailto:healthychino@cityofchino.org)
- **Rachel Phelps, Community Services, Parks & Recreation Coordinator**  
909.334.3323 | [rphelps@cityofchino.org](mailto:rphelps@cityofchino.org)

**PLEASE EXPLAIN BOOTH ACTIVITY AND INFORMATION THAT WILL BE DISTRIBUTED/SOLD:**

**BARK AROUND AYALA PARK PARTICIPATION WAIVER**

**\* WAIVER AND RELEASE BY APPLICANT(S)**

**FOR PARTICIPATION IN A CITY OF CHINO SPONSORED PROGRAM AND/OR USE OF A CITY OF CHINO FACILITY**

Participant Name: \_\_\_\_\_ Activity: Bark Around Ayala Park

Program Dates: From: Saturday, November 8, 2025 To: Saturday, November 8, 2025

1. My participation, and/or that of my child/children/guardians, is voluntary.
2. My participation, and/or that of my child/children/guardians, may result in injury, death, property damage, and other losses, and I assume all of those risks.
3. I am legally competent to understand and accept the associated risks.
4. I waive, and release the City, its officials, employees, and volunteers from, all claims for any injury, death, property damage, or other loss resulting from my participation in the activity, and/or that of my child/children/guardians.
5. I am responsible for payment of all fees for, and liabilities and damages resulting from, my participation in the activity and/or that of my child/children/guardians, including damages to City property, injury to other participants, or other losses of any kind.
6. I will defend the City and its representatives against any claims or lawsuits that are a result of my willful misconduct, and/or that of my child/children/guardians.
7. I agree that the City can take photographs and/or film me, and my child/children/guardians, while participating in a City activity and/or at a City facility to be used for promotional purposes; and, further that such photographs and film will be the sole property of the City and that neither I nor my child/children/guardians will be entitled to any license fee or royalty for the City's use thereof.
8. I understand that rates, fees, dates, times, classes, schedule of classes, and instructors established by the City may change at any time without notice.
9. I agree that City fliers and class schedules are not an expressed and implied contract.
10. I agree that the City is not responsible for any damage or loss that may arise from a misunderstanding, error, or omission related to the activity.
11. I understand that the City reserves the right to change or cancel any or all of the participation/use of rules at any time.
12. I understand that any individual behaving inappropriately or unsafely will be ejected and denied future participation.

**I am signing a full release of any and all liability against the City of Chino and do so of my own free will.**

Printed Name: \_\_\_\_\_  Parent/Guardian

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

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

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Organization (if any): \_\_\_\_\_

\*\*\*\*\* **FOR OFFICE USE ONLY** \*\*\*\*\*

Staff member printed name: \_\_\_\_\_ Date: \_\_\_\_\_

# VENDOR PERMIT APPLICATION

13220 CENTRAL AVENUE CHINO, CA 91710 (909) 334-3263 FAX (909) 334-3727  
MAILING ADDRESS: P O BOX 667 CHINO, CA 91708-0667

CITY OF CHINO  
FINANCE  
DEPARTMENT

## BUSINESS INFORMATION

Company Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Emergency Phone (After hours): \_\_\_\_\_

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

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

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

## OWNER/OFFICER INFORMATION

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

Title: \_\_\_\_\_

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

Title: \_\_\_\_\_

Drivers Lic. # \_\_\_\_\_

Social Sec. # \_\_\_\_\_

Drivers Lic. # \_\_\_\_\_

Social Sec. # \_\_\_\_\_

IS THIS A  CORPORATION  PARTNERSHIP  LLC  SOLE OWNERSHIP (please check one)

## CORPORATE INFORMATION (Please complete this section if you are a corporation, or if your corporate offices are located elsewhere).

Corporate name: \_\_\_\_\_

Federal Employer's ID# \_\_\_\_\_

State ID# \_\_\_\_\_

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

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

DATES OF EVENT: \_\_\_\_\_

STATE BOARD OF EQUALIZATION PERMIT #: \_\_\_\_\_

PLEASE DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL \_\_\_\_\_

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and ability. I acknowledge that applying for a business license does not guarantee the right to conduct any business activity that is in violation of any city code. All permits required from city departments must be obtained before any business activity will be allowed.

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_