

**P.O. Box 204
Goldfield, NV 89013**



**702-904-3347
or
541-218-8236**

Goldfield Chamber of Commerce

Goldfield Days Celebration August 4th, 5th and 6th 2023

Greetings from Beautiful Goldfield, Nevada.

You are cordially invited to bring your mobile business to Goldfield Days this year. Vendor spaces are assigned on a first come, first served basis. Returning vendors who are in good standing may be assigned to the same space if requested.

Food Vendors must contact the Nevada Department of Health and provide a copy of their permit with the Vendor application form.

Tax forms must be returned upon check out.

A \$25 clean up fee deposit is required at Check In. Please make a separate check or cash for this deposit. Deposit will be returned when Vendor leaves upon inspection by a Committee member of designee. *If the Vendor does not check out, the deposit is forfeited.*

No refunds will be made for cancellations after July 30th, 2023. Cleaning deposits will be returned unchallenged for all cancellations, unless the Vendor leaves after beginning set up.

Any check returned for insufficient funds must be paid within 15 days by cashier's check or money order and a \$30 service fee.

Early check-in Thursday, August 3rd from 9am to 5pm

Check-out Sunday after 12pm. Vendors are required to stay until 12pm Sunday unless an early check-out is agreed upon in advance. If no agreement was made, the Vendor will forfeit the cleaning deposit.

Hope to see you there!

***Please initial and date this letter and return with the vendor application. Thank you!**

***Yes, I have read and agree to the above.**

Initial _____ **Date** _____

2023 GOLDFIELD DAYS

AUGUST 4TH, 5TH & 6TH 2023

VENDOR EXHIBITOR REGISTRATION FORM

Please complete all information and sign as indicated. Incomplete forms will be returned.

Vendor Name: _____ Contact: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

NV Tax ID# _____ **Food Vendors must present NV Health Certificate.

Type of items to be sold: _____

The cost for each 10 X 10 space is \$25. # of spaces x \$25 = \$ _____

Water and/or power is an additional charge of \$20. + _____

Total \$ _____

Please make checks payable to: GOLDFIELD CHAMBER OF COMMERCE

Mail to GOLDFIELD CHAMBER OF COMMERCE, PO BOX 204, GOLDFIELD, NV. 89013

The Goldfield Chamber of Commerce reserves the right to refuse/revoke permits to Vendors/Exhibitors for non-compliance with Health and Safety, and tax violations by not providing a Sales Tax # if you have one. Check in begins 8:00 am Friday, You are required to check out between 1 and 3pm on Sunday, the 6th and pay any sales tax due if you do not have a Sales Tax ID #.

Phone: (702) 904-3347 www.goldfieldnevada.org goldfieldnevadachamber@gmail.com

Esmeralda County/Goldfield Chamber of Commerce Vendor/Exhibitor Hold Harmless Agreement

By signing below, I hereby agree to assume any and all liability of whatsoever kind of nature, which may arise and agree to hold harmless the County of Esmeralda, State of Nevada, it's officers, employees, agents, the Goldfield Chamber of Commerce, it's officers and agents from any liability to any person or property, which occurs as a result of the annual Goldfield Days Celebration, for which it was granted a temporary permit by the County of Esmeralda, State of Nevada.

Further, I agree to indemnify and defend, saving harmless the County of Esmeralda, State of Nevada, it's officers, employees and agents, the Goldfield Chamber of Commerce, it's officers and agents against all liabilities, brought or made on behalf of any personal injury or property damage caused by or arising out of any act or omission of either the license agents or employees, including any officers or employees of the County of Esmeralda, State of Nevada, any officers or agents of Goldfield Chamber of Commerce, or caused by or arising out of the condition of any County owned or controlled property, whether public or personal, and occurring during the period and as a result of activities for which this permit was issued.

Signature _____
Date