



Sunday, May 3, 2009 – Domingo 3 de Mayo del 2009

“The Largest Showcase of Hispanic Culture in Arkansas”

Organized by LULAC -League of United Latin American Citizens - Central Arkansas

11th Annual - **VENDOR FORM**

The River Market: Rock & Little Pavilions and Tower Plaza Hall

Deadline for Vendors is April 24, 2009

Please complete the information below and mail this form with your payment to:

LULAC # 750, ATTN: Cinco de Mayo 2009 Vendor Committee, P.O. Box 55103, Little Rock, AR 72215

You may ‘reserve’ your booth by calling: (501) 831-7938 or (870) 820-1820. **Fax (501) 325-4500**

LULAC, please, SIGN ME UP!

(You will receive confirmation after payment is received, please print or type information below)

PRIOR VENDOR, please check here

Name: _____

Email address: _____

Company: _____

Address: _____ Tel /Fax: _____

State/ZIP: _____

Type of Business: _____

Signature: _____

VENDOR TYPE:

- NON-FOOD \$ 250 (includes booth space w/4 badges)
- FOOD \$ 400 (includes booth space w/6 badges)
- FOOD VENDOR DEPOSIT \$100.00 (You must have your booth inspected by CDM vendor committee chairman before you leave. Your deposit will be refunded if your booth is clean and tables and chairs are returned.

Food vendors must provide a food permit, issued by the Arkansas Department of Health. ADOH will be on site the day of the event to check your permit. You must have your food ready for inspection by the ADOH inspector by 11:30 AM the day of the event. If you do not pass inspection, you will be closed and you will not receive a refund.

Booth basics: 1 table 8 x 3 ft, 2 chairs, if you need extra table (\$25.00 ea.) or chairs (\$5.00 ea), please let us know in advance so we can make sure we have them for you.

Set up time: 9:30 AM – Move Out time: 7:30 PM (No Exceptions)

Payment:

ALL payments are non-refundable

NOTE: Please make checks payable to:

LULAC Council 750, Inc

Cinco de Mayo 2009 Committee
P.O. Box 55103, Little Rock, AR 72215

BOOTH # _____

Assigned by: _____

Amount Paid: \$ _____

For internal use only

Date Form Rcvd: _____

Date Paid: _____

Rcvd by: _____