



**LOWRIDER NATIONALS**  
**VENDOR / Booth**  
**Application**

More information at: [www.lowridernationals.com](http://www.lowridernationals.com)  
 323-352-8384

**XIIth Annual**  
**August 9,**  
**2009**  
**Kern County Fairgrounds,**  
**Bakersfield**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

COMPANY \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

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

ON-SITE CONTACT : \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**DESCRIBE SALE ITEMS and Retail Price at which you will be selling each item, below** (attach additional sheet if needed):

Item:	Item	Item	Item
Price \$	Price \$	Price \$	Price \$

Only items specified above will be allowed for sale, pending approval by show management.  
 No cans or bottles are allowed, all items, beverages must be in paper or plastic cups.

**FOOD VENDORS: Please call for rates\* – 323-352-8384.**

- Plus Kern County Fairgrounds Concession Fee of 25% on booth rate.

**MERCHANDISE VENDORS**

BOOTH SIZE	BOOTH RATES*	BOOTH INCLUDES
<input type="checkbox"/> 10x10	\$350.00	4 Show passes**
<input type="checkbox"/> 10X20	\$550.00	6 Show passes**

\* Plus Kern County Fairgrounds Concession Fee of 25% on booth rate.

\*\* Vendors who require more than allotted passes, may purchase tickets at a discounted rate.

ELECTRICITY: \_\_\_\_\_ YES \_\_\_\_\_ NO (AN ELECTRICITY FEE MAY APPLY DEPENDING ON YOUR NEEDS)

USE OF SOUND DEVICES IS SUBJECT TO APPROVAL BY SHOW MANAGEMENT. Sound device \_\_\_\_\_ YES \_\_\_\_\_ NO

**All booth space payments must be paid in full, in advance. Also submit, a certificate of insurance naming Lowrider Nationals as additional insured, a valid copy of appropriate permits, such as: retail sales and health department.**

<b>Only Money Orders, and Cashiers Checks will be accepted!</b> <small>MAKE ALL PAYMENTS PAYABLE TO:</small> <b>LOWRIDER NATIONALS, INC.</b> <b>P.O. Box 31645</b> <b>Los Angeles, CA 90031</b>	<b>Type of Payment:</b> _____ Money Order _____ Cashiers Check	FOR LRN USE ONLY
	<b>Amount Enclosed:</b> <b>\$</b> Money Order No. or Cashiers Check No.	SPACE ASSIGNED

SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_

*Thank you for your participation in the LOWRIDER NATIONALS.*