



# CITY OF LA HABRA

# COMMUNITY OPEN HOUSE

## LA HABRA BUSINESS VENDOR APPLICATION

**SATURDAY, OCTOBER 26TH | 10 A.M. - 2 P.M.**

**2024**

- This application is for **registered La Habra Businesses with an active business license.**  
- Non-Profit/Community Organizations and political groups are not eligible.
- **Vendors may not sell items or services.**
- **All vendors must provide their own candy/giveaway items at their booth.**
- La Habra business vendors will be designated a booth space INSIDE City Hall Atrium. Vehicles will be allowed on La Habra Blvd. for unloading from 7:00 - 8:30 A.M.
- Questions regarding the application? **Contact Juddy Montenegro at 562-383-4113 or [jmontenegro@lahabracaca.gov](mailto:jmontenegro@lahabracaca.gov)**
- **APPLICATION DEADLINE: Friday, October 11th**

*Booths can be set-up on Saturday, October 26th starting at 7:00 A.M.  
All booths must be set-up by 9:30 A.M.*

**La Habra Business Vendor:**

Business Name: \_\_\_\_\_  
*Business name will be used in marketing for the event*

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

Event Contact Name (If different from above): \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

What will you have at your booth?: \_\_\_\_\_

\_\_\_\_\_

Vendors will receive 1 table and 2 chairs.  
Vendors will receive their tentative space assignment one week before the event. All Business vendors will be located inside City Hall Atrium. Space is limited.

<b>Let's Connect!</b>	
Facebook:	_____
Instagram:	_____
Twitter:	_____
Tik-Tok:	_____
Website	_____

**Return form to: [jmontenegro@lahabracaca.gov](mailto:jmontenegro@lahabracaca.gov)**

*The City of La Habra reserves the right to terminate vendors at their discretion. Event will take place rain or shine. No early break downs. No sharing booths. You are only allowed to display items listed in your description. Vendors are required to bring their own display set-ups and supplies. One table and 2 chairs will be provided. The undersigned does hereby release forever any event coordinators, servants, assigns, property location, and its employees harmless of any and all liability resulting from damages, lost, stolen items and injuries. Participation is at your own risk.*

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

**Vendor Check-List:**  
 Application  
 Release & Waiver of Liability

**Office Use Only:**  
 Booth Assignment:

**RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT**

For and in consideration of permitting X \_\_\_\_\_ to participate in the 2024 Community Open House by the City of La Habra, the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of participation in said recreational program or any activities incidental thereto wherever or however the same may occur and for whatever period said program may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or cause of action, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute or present any claim for personal injury, property damage or wrongful death against the City of La Habra and its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise. IT IS THE INTENTION OF \_\_\_\_\_ BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF LA HABRA AND THE RELATED PARTIES MENTIONED HEREIN, FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THE NEGLIGENCE OF ANY PERSON OR ENTITY.

The Undersigned, for him/himself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injuries, property damage or wrongful death shall be prosecuted against the City of La Habra and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, he/she shall defend, indemnify and save harmless the same City of La Habra and the aforementioned related parties from any claim, cause of action, loss, liability, damage, lawsuit, cost or expense (including reasonable attorney's fees) by whomever or wherever made or presented for said personal injuries, property damage or wrongful death.

In case of accident or other emergency, the Undersigned hereby gives permission for the City of La Habra and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, to obtain emergency medical treatment. The Undersigned further agrees to pay any costs incurred as a result of such treatment. In addition, the Undersigned has been notified that participants involved in City-sponsored recreation programs are subject to being photographed or videotaped, and he/she hereby gives permission for the City of La Habra to use such photographs or videotapes to publicize and promote the City's recreation programs.

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS PERSONALLY READ, UNDERSTANDS, AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT, IS FULLY AWARE OF THE POTENTIAL RISKS AND HAZARDS WHICH ARE INHERENT TO ENGAGING IN THE SPECIFIED RECREATIONAL PROGRAM OR ANY ACTIVITIES INCIDENTAL THERETO, INCLUDING BUT NOT LIMITED TO, ANY NEGLIGENT ACTS PERFORMED BY THE CITY OF LA HABRA AND/OR ITS OFFICERS, OFFICIALS, AGENTS, CONTRACTORS, VOLUNTEERS, BOARDS, DEPARTMENTS, SERVANTS OR EMPLOYEES, NEGLIGENTLY CREATED OR MAINTAINED DANGEROUS CONDITIONS OF PUBLIC PROPERTY, WEATHER CONDITIONS, EQUIPMENT, MACHINERY, PLAYING CONDITIONS, OTHER PARTICIPANTS, ON-SITE PHYSICAL PREMISES, STRUCTURES OR SUBSTANTIAL WORKS OF IMPROVEMENT. THE UNDERSIGNED VOLUNTARILY ASSUMES ALL RISKS OF LOSS, DAMAGE, OR INJURY ASSOCIATED WITH HIS/HER PARTICIPATION IN THE SPECIFIED RECREATIONAL PROGRAM OR ANY ACTIVITIES INCIDENTAL THERETO.

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Representative Name	Organization/Business Name
Signature	Date