



Saturday, October 11, 2025 ~ 9:00am to 9:00pm
Downtown San Bernardino

EXHIBITOR APPLICATION

**ALL NECESSARY PAPERWORK AND FULL PAYMENT
MUST BE SUBMITTED ALONG WITH APPLICATION
ANY TYPE OF APPLICATION MUST BE PRE-APPROVED FOR ENTRY**

**Exhibitor Space is 10 feet x 10 feet. Exhibitor must be entirely self-contained.
No electricity, canopy, table, or chairs will be provided. Exhibit spaces will be assigned.**

Business/Organization Name _____

Contact Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

Type of Exhibit Food ☐ Merchandise ☐ Non-Profit ☐ Sponsor Display ☐

Please list ALL items you will have displayed in your exhibit.

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

Exhibit Fee – New \$275.00 ☐ Returning \$225.00 ☐ Cash ☐ Check ☐ Credit Card ☐

Additional Paperwork Copies Included (Mark and attach all that apply)

_____ **City of San Bernardino Business License** (For One Day License - Business Registration Office, 201A North E Street)

_____ **Health Permit – PR Number** _____

_____ **Seller's Permit**

_____ **General Liability Insurance Certificate**

(Amount \$1,000,000; Indemnifying & Hold Harmless San Bernardino Area Chamber of Commerce & City of San Bernardino)

NO PETS, GO-PEDS, SCOOTERS, BICYCLES, SKATEBOARDS, ROLLERBLADES, HOVER BOARDS, WEAPONS or GANG ATTIRE are admitted at the event.

Waiver of Liability 2025: In consideration of the acceptance of the right to participate in this event, the undersigning participant agrees to release, hold harmless and indemnify The San Bernardino Area Chamber of Commerce (SBACC) and The City of San Bernardino, their directors, officers, agents, employees, representatives and volunteers from and against any and all known and unknown damages, injuries, and/or losses that the participant, their guests (including family and friends) may sustain or incur as a result of their attendance or participation in this event. Participant certifies the information provided on this application is current. The SBACC reserves the right to refuse or remove any entry. [I have read and agreed to the conditions listed above.](#)

Participant's Signature: _____ **Date** _____

Please Make Check Payable To:
SBACC/Route 66

546 W. 6th Street, San Bernardino, CA 92410

For more information (909) 885-7515
rendezvousoroute66.com

Credit Card Payment

Print Cardholder Name _____

Card Number _____

Exp. ____ / ____ Zip Code _____ CVV _____ Total Amount \$ _____

Authorized Signature _____