



The Melrose Chamber of Commerce
29th Annual Victorian Fair
Sunday, September 13th 2009 from 11:30 a.m. to 5:00 p.m.
(Rain Date: Sunday, September 20)

We are delighted to have you participate in the 29th Victorian Fair. Below are all the relevant details for participation and on the reverse side is the application. Please contact the Chamber of Commerce with any questions.

SPACE: The booth/space is 10'x10" and will be set up by the Chamber volunteers by 9:30 am the day of the Fair. You must provide a table and chairs for your own space, but canopies are available for rent. We will notify you of your space number by Tuesday, September 8th.

HEALTH DEPARTMENT: If you plan to sell or give away food, you must complete a temporary food license and return it to the Melrose Board of Health. Please read the enclosed memo from the Health Department for details.

If you plan to offer massage therapy, physical therapy or chiropractic services, you must enclose a copy of your state license with this application.

IMPORTANT DATES:

August 1st: Deadline for discounted booth/space rental.

August 10th: Deadline to submit an application in order to be included in the Free Press supplement.

September 4th: Deadline for discounted food permit to be submitted to the Melrose Department of Health.

2009 PRICES:

| <u>RENTAL OPTIONS</u> | <u>Discounted Price</u> | <u>Price after August 10th</u> |
|------------------------------------|-------------------------|--------------------------------|
| <u>BOOTH (Vinyl Canopy)</u> | | |
| Chamber Member | \$155 | \$ 185 |
| Non-Member | \$205 | \$ 235 |
| Civic/Service Organization | \$165 | \$ 195 |
| <u>SPACE</u> | | |
| Chamber Member | \$ 110 | \$ 140 |
| Non-Member | \$ 170 | \$ 200 |
| Civic/Service Organization | \$ 80 | \$ 100 |
| <u>FOOD VENDOR</u> | | |
| Chamber Member | \$150 | \$ 180 |
| Non-member | \$260 | \$ 290 |
| <u>Electrical Hook-Up</u> | \$ 35 | \$ 50 |

(Available with Booth Rental & Food Vendors **Only**)

**Melrose Chamber of Commerce
Victorian Fair Application**

Company/Organization Name:

Contact Person Name and Title:

Mailing Address:

Email Address:

Describe your organization's Fair activity:

Please reserve (indicate number):

_____Booth (includes space and canopy)

_____Space (no canopy)

_____Electrical Hook-Up

I will be serving/giving away Food: ____Yes ____No

I will be providing massage, physical therapy or chiropractic services: ____Yes
____No. If yes, remember to attach a copy of your state license.

I will have music at my booth: ____Yes ____No

Please return this completed form, along with your check and any required
licenses or permits to:

**Melrose Chamber of Commerce
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