



Vendor Questionnaire Form

Date: _____

Name: _____ Partner's Name: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Day: _____ Phone Evening: _____ Cell Phone: _____ Fax: _____

Email: _____ Website: _____

CVR#: _____ Required for all vendors. Please indicate if you need us to obtain a CVR# for you. YES NO

State Board of Equalization (Resale) #: _____ (Required for all vendors)

Percentage of Handmade merchandise: _____ %

Description of
Handmade
merchandise:

Percentage of Imported merchandise: _____ %

Description of
Imported
merchandise:

What is your usual booth size?: _____ What is the smallest size you can work with?: _____

Describe your booth and don't forget to include a picture.
(you must have a booth to participate in our shows.)

Indicate which shows you would be interested in: Valentine's Show Spring Summer Harvest Fall/Winter All

and at which location(s) Orange County Fair & Event Center, CA Buena Park, CA Check our website for dates / location)

Mailing address : 2005 Palo Verde Avenue Suite 318 Long Beach, CA 90815

Please **do not send money** with this questionnaire. This is not an entry form.

Please allow 4 to 6 weeks for processing.

Thank You !

(SUGAR PLUM OFFICE USE ONLY)

Date received :

Comments :