Your Coalinga Area Chamber of Commerce Proudly Presents it's

ANNUAL HOLIDAY BOUTIQUE





JOIN US!

Come Out And Get A Jump Start on Christmas Shopping while Supporting Local Small Businesses in the Process

CHS HUB
10:00am - 3:00pm

NOVEMBER 28th

OPEN TO THE PUBLIC

YOUR COALINGA CHAMBER OF COMMERCE IS PROUD TO CONTINUE A TRADITION THAT HAS BEEN HAPPENING FOR OVER 100 YEARS. COME BE A PART OF IT!

Scott Netherton
Executive Director
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265 W. Elm Avenue
Coalinga, Ca. 93210
(559) 935-2948 office
CoalingaChamber@gmail.com

Facebook: https://www.facebook.com/CoalingaChamberofCommerce
Website: www.coalingachamber.com

HOLIDAY BOUTIQUE VENDOR APPLICATION

SATURDAY, NOV. 28th 2026 10am – 3pm CHS HUB

Business Name: _____ Contact Name: _____

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

Cel Phone: _____ **Size of Space Req'd: (Rate based off 10x10)** _____

Email Address: _____ **City Permit / License #:** _____

Sales Vendor Fee: Chamber Member - $40.00 ☐ Non-Chamber Member - $50.00 ☐

Electricity Limits: This being an indoor event, electricity will be limited. Please only mark this if absolutely necessary for your booth. If we can not accommodate your request we will let you know & a refund will be issued.

ELECTRICITY
$10 per booth
YES: ☐ NO ☐

ALL VENDORS MUST COMPLY WITH FRESNO COUNTY HEALTH DEPARTMENT GUIDELINES
Please Call (559) 935-2948 Or Email COALINGACHAMBER@GMAIL.COM For More Information & Forms

FOOD: ☐ CRAFT: ☐ COMMERCIAL: ☐ INFORMATIONAL: N/A OTHER: N/A

Decription of **ALL** Items to be Sold or Distributed: _____

_____

_____

(If necessary, please use additional paper)

Please Note that this is an indoor event. Space is limited and will be given on a first come first served basis. Chamber members will be given priority however we will do our absolute best to accommodate as many of you as we possibly can.

Vendors MUST supply their own tables, canopies, chairs, extension cords, etc. and carts for your booth.
LIABILITY AND DAMAGE AGREEMENT: **I agree to hold harmless the Coalinga Area Chamber of Commerce, CHUSD, or any other associated entity from any and all injuries I may incur while participating in the 2026 Holiday Boutique. I agree to pick up any trash and leave my area clean.** ***INITIALS:*** _____

NOTE: ALL VENDORS AT THIS EVENT WE ARE NOT PERMITTED TO HAVE FOOD VENDORS WHO PREPARE FOOD. BAKED GOODS ARE PERMITTED. THAT BEING SAID, CLEANING DEPOSITS ARE NOT REQUIRED PROVIDED YOU DO NOT GIVE ME A REASON TO START REQUIRING THEM AGAIN. WE HAVE AN AMAZING GROUP OF VENDORS WHO ALWAYS CLEAN UP THEIR AREA BEFORE LEAVING. PLEASE CONTINUE TO DO SO. THANK YOU.

CITY OF COALINGA
BUSINESS LICENSE/
HOME OCCUPATION APPLICATION
155 W. Durian Street Coalinga, CA 93210
Phone: (559) 935-1531 Fax: (559) 935-0995

Business Type: (Check all that apply)

☐ GENERAL	($29.00)	☐ NON-PROFIT	
☐ HOME OCCUPATION	($100.00)	☐ OTHER	
☐ CONTRACTOR	($54.00)		
☐ PROFESSIONAL	($44.00)		

BUSINESS NAME: _____

APPLICANT NAME: _____ BUSINESS PHONE# _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

FEDERAL TAXPAYER I.D./S.S.#: _____ SALES TAX I.D.# _____

DESCRIBE BUSINESS ACTIVITY _____
FOR HOME OCCUPATION: PLEASE COMPLETE A QUESTIONNAIRE

OWNERSHIP STATUS: ☐ Sole Proprietor ☐ Corporation ☐ Partnership

OPENING DATE OF BUSINESS: _____

KIND OF BUSINESS: (Check all that apply)

☐ Retail	☐ Manufacturing	☐ Financial/Insurance	☐ Real Estate Leasing/Rentals
☐ Wholesale	☐ Services	☐ Door to Door Solicitation	☐ Contractor - CSLB Lic #_____
☐ Restaurant	☐ Professional Office	☐ Dental/Medical	☐ Other_____

OWNER/MANAGER NAME: _____
STREET ADDRESS: _____
CITY/STATE/ZIP: _____ PHONE: _____

AFFIDAVIT: I declare, under penalty of making false affidavit, that this application is made by me, that I am authorized to make such an application, that to the best of my knowledge and belief, it is a true, correct and complete application made in good faith, pursuant to the provisions of the Business License Ordinance of the City of Coalinga.

CONTRACTORS: By signing this document, you hereby declare yourself responsible for ensuring that all subcontracts have a valid business license on file with the City of Coalinga.

_____ _____
Signature Date

FOR HOME OCCUPATION APPLICANTS ONLY:

AFFIDAVIT: I, the undersigned, hereby certify that I have read and understand the provisions attached pertaining to the establishment of a Home Occupation and agree that I will operate my business within the provisions prescribed by Sec. 9-2.3001 of the Coalinga Municipal Code:

_____ _____
Signature Date

FOR OFFICIAL USE ONLY

License No._____	General _____	Planning_____
Date Received_____	Professional_____	Building_____
Paid _____	Contractor_____	Fire_____
Expiration_____	Home Occup._____	Police_____
Home Occupation Approved by: _____		Date_____
Business License Application Approved by:_____		Date_____

WORKER'S COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

☐ I have and will maintain worker's compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier, policy number, and expiration date are:

Carrier_____

Policy Number _____

Expiration Date _____

☐ I certify that in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Signed _____ Date _____

Business Name _____ Telephone _____

Address _____

WARNING: Failure to secure worker's compensation coverage is unlawful and shall subject an employer to criminal penalties and civil fines up to $100,000. In addition to the cost of compensation, damages as provided for in Section 3700 of the Labor Code, interest and attorney's fees.