

## Dear Christmas Through Lowell Location Host,

Please read the enclosed information before submitting your 2025 Christmas Through Lowell, location host application. **Return the application to our office by Friday, July 25, 2025.**

### 33rd Annual Christmas Through Lowell

Friday	November 14	9 AM—9 PM
Saturday	November 15	9 AM—7 PM
Sunday	November 16	11 AM—5 PM

### Rules & Regulations—Read Carefully

By signing this application you agree to abide by all of the following rules.

- **Christmas Through Lowell items:** Including Homemade, Antiques, Re-Found Treasures and Commercial Businesses
- **Food items:** A participant who sells food items made in the home (i.e. baked goods, canned goods, candies, etc.) is responsible for contacting the Kent County Health Department about their requirements — (616) 632-7100.
- **Jury:** All **new applicants** will go through a jury process. To maintain the quality of our show, send two or three clear photos along with a complete description of your work when submitting your application.
- **Vendors:** If you are a location accepting vendors, you are responsible for them. Including vendor selection, fees and all communication. Locations accepting vendors will be updated on the Chamber website, if you keep us updated.
- **Staging:** Customers respond to a warm and inviting atmosphere. Use Christmas decorations, holiday music and scented candles or potpourri to create a festive environment. Display your crafts in unique ways, not just laid out on tables. Add outdoor lighting during the evening hours, especially on long driveways in countryside locations, etc.
- **Insurance:** The Lowell Area Chamber of Commerce cannot be held responsible for damage, loss, theft or personal injury during show hours, set-up or break-down. You must provide Proof of Liability Insurance in the amount of \$500,000 for the days of this event, which can be obtained from your Insurance provider. Proof of Insurance is required in order to participate and is due by October 14 at the kick-off meeting.
- **Sales tax:** You are responsible for reporting sales tax to the State of Michigan.
- **Grand Prize, Door Prize (Required), Stamp Cards:** Each CTL location host must provide two gifts—one \$15 (min. value) door prize gift at your location —AND— one \$5 (min. value) gift for inclusion in a grand prize basket of items given by the Chamber. The grand prize winner will be drawn from the stamp cards you return to the Chamber by Wednesday, November 19, following CTL. Deliver your gift basket item to the Chamber no later than November 1st.
- **LowellBuck\$:** The Chamber will be donating (4) \$100 prizes in Lowell Bucks for all large direct mail postcards turned in. Return any postcards left at your location by Wednesday, November 19, 9 AM—3 PM.
- **Hours of Operation:** You must adhere to the posted hours of our Christmas Through Lowell event that you have agreed to on this application. Business starts at 9 AM Friday morning. Please do not close early on Friday, Saturday or Sunday. We strongly encourage you to be open all three days. Remember, the event is marketed as a three-day event. Encourage your vendors to work in shifts with helpers.
- **Kickoff Meeting:** Location Hosts will meet at the Chamber building on Tuesday, October 14, at 6 PM to receive your event supplies, tree sign, and valuable information.



Completed applications are due to Chamber Office by July 25, 2025. Applications received after the deadline must be approved and include \$25 late fee.

### 2025 CTL Location Ads

Design your own ad for the brochure OR supply brief copy and one photo that best represents your venue.

**Deadline: Friday, July 25.**

We will add a wheelchair icon to locations that are handicap accessible.



Ad Dimensions: 2 3/16" W x 2 1/4" H. Leave space for your site number and a handicap icon (if applicable).

**GlessBoards**  
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- More

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38 11656 Peck Lake Road

## 2025 Christmas Through Lowell Application (for Host Locations only)

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

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

Show Name: \_\_\_\_\_ Show Phone: \_\_\_\_\_

Show Address: \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Website or Facebook: \_\_\_\_\_

Complete description of exhibit:

### Check all that apply:

- ☐ \$150 - locations with 1-25 vendors ☐ \$200 - locations with 26-50 vendors  
☐ \$250 - locations with 51 and more vendors ☐ \$25 LATE FEE after July 25, 2024

Our venue will be open the following day(s):

- ☐ Friday 9AM-9PM ☐ Saturday 9AM-7PM ☐ Sunday 11AM-5PM

Is your location handicap accessible? ☐ Yes ☐ No

☐ Will you be serving food at your location (church cafeteria, food truck, etc.)? ☐ Yes ☐ No

☐ This is a new show site since last year

☐ NEW participant — photos of my craft items are included with application, or I will email j-pegs of my work to [info@lowellchamber.org](mailto:info@lowellchamber.org)

☐ Willing to add vendors to this venue. Please list my contact info on the event website, [ChristmasThroughLowell.org](http://ChristmasThroughLowell.org).

☐ We use Google Map and the street address you provide to create your location pinpoint. If you require your pinpoint to be dropped elsewhere (side street entrance, etc.), you must provide a visual reference for our use.

☐ Have included my \$500,000 proof of active liability insurance copy for November 14-16, 2025.

### Ad/Marketing information — check appropriate choices:

- ☐ No Changes. Use last year's ad.  
☐ A NEW ad or ad content (copy and feature photo) has been emailed to [info@lowellchamber.org](mailto:info@lowellchamber.org).  
☐ Email product photos to [info@lowellchamber.org](mailto:info@lowellchamber.org) for potential use on social media.

### I have read all of the Rules and Regulations and agree to comply with them:

Signature of Location Host: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Send all required information with payment to:  
LACC, PO Box 224 – Lowell, MI 49331, or email [info@lowellchamber.org](mailto:info@lowellchamber.org).  
Call (616) 897-9161 with questions.

**AVOID A \$25 LATE FEE: APPLICATION DEADLINE IS FRIDAY, JULY 25, 2025, at 3 PM**

Credit Card Type ☐ Visa ☐ Mastercard ☐ Discover Amount to be Charged: \_\_\_\_\_

Name as it appears on the Card \_\_\_\_\_

CC Mailing Address \_\_\_\_\_ City State Zip \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp.Date \_\_\_\_\_

CC Security # (3 or 4 digit # on back) \_\_\_\_\_