

# Application for SW Washington Tamale Festival Food and Craft Vendor Space



The vendor identified below desires to exhibit at the event sponsored by the Southwest Washington Tamale Festival in Washougal d/b/a SWWTF.

**\*APPLICATION DUE: 06/01/2018 No refunds after 06/01/2018\***

SW Washington Tamale Festival – Jun 30, 2018 – 1PM to 9PM

Washougal Reflection Park, Main Street, Washougal

Contact Phone: 360-216-9347 Email: [swwatamalefest@gmail.com](mailto:swwatamalefest@gmail.com)

Mailing Address: 5605 NE 91<sup>st</sup> Ct., Vancouver, WA 98662

Company Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Food Vendor \$100 \_\_\_\_

Craft Vendor \$50 \_\_\_\_

Electricity? Yes No

In exchange for a one-time fee per space, Vendor requests \_\_\_\_ **10x10 spaces**. All displays must be contained within the allotted space and be consistent with any location requirements and Fire Marshall. Limited electricity available and must be requested in advance. Tents are welcome for sun/rain protection, however they must be in good condition and no stakes can be used to secure them to the brick ground surface. Weights and/or sand bags are the approved method.

Vendor agrees not to disrupt the proceedings of the event and to comply with the direction of the SWWTF Contact. Vendor agrees that by participating in this event they commit to attending for the full allotted time, unless other arrangements are requested and approved in advance.

Vendor agrees to hold SWWTF and City of Washougal harmless from any and all claims for personal injury or property damage arising from the conduct of vendor's employees or agents. Vendor must hold all health permits as required. Vendor acknowledges that neither SWWTF nor City of Washougal maintain insurance covering Vendor's property. Vendor must list SWWTF and City of Washougal as an additional insured on their insurance.

Payment must be submitted with this application via check or credit card. Provide signed application, payment and insurance certificate to the SWWTF Contact listed above. When approved by SWWTF this becomes a binding agreement.

Exhibitor signature: \_\_\_\_\_ Date \_\_\_\_\_

**# of Spaces \_\_ Total Fee \$ \_\_ Check # \_\_\_\_\_ (payable to SW WA LULAC Council #47013)**

**Or Credit Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ CVS Code \_\_\_\_\_**

**Cardholder Name (write legibly): \_\_\_\_\_**

**Card Billing Address: \_\_\_\_\_**

**Cardholder Signature: \_\_\_\_\_**

Approved: \_\_\_\_\_ Date \_\_\_\_\_