

Grays Harbor Bluegrass Festival
2008 VENDOR APPLICATION
Friday, 8/15-Saturday 8/16, 2008

Name of Group: _____
Contact Name: _____ Telephone #: _____
Applicants Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____

Vendor spaces are 10 x 20 ft. **THERE IS NO ELECTRICITY PROVIDED – THOSE REQUIRING POWER MUST PROVIDE OWN GENERATOR.** If your trailer is larger than 10 x 20 ft. you must apply for two spaces.

Trailer Size: _____ Booth Size: _____ # of Spaces Required: _____

Cost is \$30.00 for first 10 x 20 ft. space PLUS a \$10.00 Special Event License for a minimum payment of \$40.00; each additional 10 x 20 ft. space required is an additional \$25.00.

TOTAL Included: One 10 x 20 ft. _____ \$30.00 + \$10.00 license = \$40.00
 Two 10 x 20 ft. _____ \$55.00 + \$10.00 license = \$65.00
 Three 10 x 20 ft. _____ \$80.00 + \$10.00 license = \$90.00

TOTAL PAYMENT ENCLOSED: _____ \$40.00 _____ \$65.00 _____ \$90.00

Applications received without appropriate payment will be returned – application deadline is August 1, 2008. For any questions please contact the Community Services Department, City of Hoquiam, 360-532-5700, ext. 240 or email twood@cityofhoquiam.com

Please list products that your organization will be selling (**PLEASE NOTE: Distribution of cigarette's, fake or real, silly string, drug paraphernalia, knives or weapons of any kind or any other item deemed inappropriate for a family event WILL NOT BE ALLOWED. Any vendor observed selling these products will be immediately shut down. We pride ourselves in the fact that this is a family oriented event and as such will not allow the sale of the above items.**)

Signature of Applicant

Date

Please make sure and fill in all of the above blocks and return this application as well as the attached special events license application to the City of Hoquiam – Community Services Department, 609 8th Street, Hoquiam, WA 98550 WITH PAYMENT

SPECIAL EVENT/CIVIC EVENT LICENSE

CITY OF HOQUIAM
609 8TH STREET
HOQUIAM, WA 98550

FEE: \$10.00

APPLICANT INFORMATION

NAME _____
ADDRESS _____
PHONE _____

EVENT _____ Date of Event: _____

DESCRIBE PRODUCTS TO BE SOLD _____

SPONSOR INFORMATION

(If this is not a city sponsored event please list the organization putting on this event below)

NAME _____
ADDRESS _____
PHONE _____

Indemnification / Hold Harmless

The Applicant shall defend, indemnify and hold the City, its officers, officials, employees and volunteers harmless from any and all claims injuries, damages, losses or suits including attorney fees, arising out of or in connection with the Applicant's activities, except for injuries and damages caused by the sole negligence of the City.

Insurance (Applies to food vendors only.)

The Applicant shall provide a Certificate of Insurance evidencing: Commercial General Liability insurance written on an occurrence basis with limits no less than \$1,000,000 combined single limit per occurrence. Coverage shall include but not be limited to: blanket contractual, products/ completed operations, and broad form property damage. **A copy of the endorsement naming the city as additional insured shall be attached to the Certificate of Insurance.**

Signature of Applicant

Date

This form must be signed and dated indicating you accept the hold harmless clause and have all appropriate insurance as required.