

Fathoms O' Fun's FESTIVAL BY THE BAY

Downtown Port Orchard, Bay Street
Sunday, August 8th, 2010 - 9 am to 4 pm

Festival Vendor Application and Information

Fathoms O' Fun Festival, Inc. holds the City of Port Orchard Master Vendor Permit for this event. Participants must complete and sign this application for permission to participate in this event.

SPECIAL INFORMATION and REQUIREMENTS FOR THIS EVENT:

1. Participants will be located on Bay Street between Cline and Seattle Streets. The Fathoms Festival Committee will designate your location, and this information will be given to you when you arrive. Setup is between 7 am and 8:30 am on Festival day.
2. Fathoms O' Festival, Inc. reserves the right to reject any participant whose merchandise or presence is not appropriate for its ongoing theme of providing wholesome family entertainment.
3. In consideration of the acceptance of this application applicant agrees to indemnify, hold harmless, and defend any action against Fathoms O' Fun Festival, Inc., the City of Port Orchard, and/or their employees and agents from and against all liabilities whatsoever arising out of Vendor's participation in this event.
4. Additionally, Vendor Applicants for Food Service and/or Skin Care Products sales or distribution must provide a certificate of insurance covering their participation at this Festival in an amount not less than \$1,000,000 liability and \$1,000,000 bodily injury naming Fathoms O' Fun Festival, Inc. as also insured.
5. Fathoms O' Fun Festival, Inc. will not be responsible for loss or damage to any property. Accordingly, each vendor shall take all necessary precautions to protect property and valuables.

APPLICANT – Please complete the following:

Fully describe your plans including what will be available for sale or distribution. Note that changes or additions to this statement, after submission, must be approved by Fathoms Festival Committee.

Washington State Business ID (UBI) # _____ (required)
Tax Exempt? (Yes) _____ (No) _____
City of Port Orchard Business License # _____
Organization _____
Name of person in charge _____
Mailing Address _____
City, State, ZIP _____
Telephone _____ Cell _____ Email _____

I am aware of and will comply with all State and Kitsap County Regulations, including securing any required Health District permits for operation. I have read and agree to "Special Information and Requirements for this event".

Signature _____ Date _____

Space Request 10 x 10	\$65.00	_____	Vendor is responsible to provide all tables,
10 x 20	\$95.00	_____	tents, and set-up equipment.

Larger, special, non-profit or revenue sharing space as negotiated with Committee

Mail application with your check or money order (and insurance documents if necessary) to:

Fathoms O' Fun Festival, Inc. P O Box 312, Port Orchard WA, 98366. Payment must be received before event

Information Hotline: Bob Morehouse - Event Coordinator (360) 620-3363 Email: bob@fathomsfun.org

Keep a copy of your application for your records.

Download VENDOR Invitation/Information at www.fathomsfun.org