



**VENDOR APPLICATION**  
**2022 FATHOMS O' FUN SUMMER FESTIVAL**  
**CRAFT AND VENDOR SHOW**  
 Saturday 6/25, 9am-10pm  
*(10pm is optional-see pg 1 of Vendor Invite)*  
 Sunday 6/26, 10am-4pm

**Page 2 – Application**

**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. Supplemental pictures and information may be included with application.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Washington State Business ID (UBI) # \_\_\_\_\_ (required)  
 Non-profit? (yes) \_\_\_\_\_ (no) \_\_\_\_\_

Business Name \_\_\_\_\_  
 Name of person in charge \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_

<b><u>ARTS &amp; CRAFTS (Handcrafted)</u></b>	<input type="checkbox"/>	10 x 10	\$30	<input type="checkbox"/>	10 x 20	\$40
<b><u>FOOD VENDORS</u></b>	<input type="checkbox"/>	10 x 10	\$150	<input type="checkbox"/>	10 x 20	\$175
<b><u>COMMERCIAL VENDORS</u></b>	<input type="checkbox"/>	10 x 10	\$100	<input type="checkbox"/>	10 x 20	\$120

Total funds enclosed: \$ \_\_\_\_\_ (check, cashier's check, or money order)

Payment by Square  ([www.fathomsofun.org](http://www.fathomsofun.org)) Application must still be sent in!

**Vendor Statement:**

I am aware of and will comply with all State, Kitsap County and City of Port Orchard 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 \_\_\_\_\_

**Application, together with your check, money order or Pay Pal payment (and insurance documents if necessary), is due by June 20.**

Mail: Fathoms O' Fun Festival – PO Box 312 – Port Orchard, WA 98366  
 Email: [kitsap40@yahoo.com](mailto:kitsap40@yahoo.com)