

Blaine Chamber of Commerce Presents
Blaine OLD FASHIONED 4TH – Vendor Application

July 4, 2019 10am – 5pm Peace Portal Drive & H Street

Set Up Times: 7am – 10am (food vendors must arrive for set up before 9 am – late arrivals will not be allowed access). **Take Down:** 5pm – 7pm **Check in** at intersection of H St & Peace Portal. **Spaces are 10x10** (most space assignments based on date application received, with some exceptions) and are **\$75 & \$80 each. Non-Profit spaces are \$10 each.** This is an outdoor event – bring your own table, canopy, extension cord, etc. If you are a first time participant, include a photo of your booth/product – **food vendors send itemized menu** (you may **only** sell items listed on menu). Vendor deadline is May 1 but most spaces are filled by **March 30.**

Mail lower portion and payment to:

Blaine Chamber of Commerce, 546 Peace Portal Drive, Blaine, WA 98230
Ph: 360-332-6484 Fax: 360-332-4544 Email: vic@cityofblaine.com

Directions from I-5: exit #276 North, left on D Street through 2nd roundabout onto Peace Portal Drive, then south 4 blocks to H Street to check in.

Detach & Return Lower Portion

OLD FASHIONED 4TH VENDOR APPLICATION 2019

Name/Company/Organization _____

Address _____

Telephone _____ Email _____

Product/Service _____

of 10x10 Craft/Commercial Spaces ____ x \$75 = _____

of 10X10 Food Spaces ____ x \$80 = _____

of Non-Profit Spaces ____ x \$10 = _____

of power outlets ____ x \$10 = _____ (specify 110v or240v_____)

Total Paid = \$ _____

Please sign below:

I, the undersigned, and any other individuals helping in my booth/concession, hereby agree to hold harmless the CITY OF BLAINE, BLAINE CHAMBER OF COMMERCE, their agents, or any other person, place or thing, fictitious or real, against any breakage, damage to goods, the weather, acts of GOD, illness, accident, theft, fire or any other claim I may make against any or all of the heretofore mentioned persons, places or things involved when participating in AN OLD FASHIONED 4TH. It is agreed that I will collect and pay my own Washington State Sales Tax, if applicable, and I assume all liabilities while marketing my wares. If a food vendor, I will comply with Whatcom County health regulations.

Signed _____ Date _____

Special Requests or Requirements: _____

Visa or MasterCard Payment:

Name _____ Card# _____ CVV # _____

Expiry Date _____ Amount Paid \$ _____ Signature _____