

Blaine Chamber of Commerce Presents...
AN OLD FASHIONED 4TH
July 4, 2013 11am – 5pm Peace Portal Drive & H Street
VENDOR APPLICATION

Set Up Times: 7am – 10am **Take Down:** 5pm – 7pm **Deadline:** June 1, 2012 **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 **\$45 each or \$35 if paid before March 31**. **Non-Profit spaces are \$5 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).

Note: Our 75 spaces are usually filled by the beginning of May – so apply early!

Mail lower portion and payment to:

Blaine Chamber of Commerce, 728 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, under freeway onto Peace Portal Drive, south 4 blocks to H Street

Detach & Return Lower Portion

2013 OLD FASHIONED 4TH VENDOR APPLICATION

Company/Organization _____

Contact Person _____

Address _____

Telephone & Email _____

Type of Product/Service _____

of 10x10 Spaces _____ x \$45 = \$ _____ (\$10 discount if paid before March 31)

of Non-Profit Spaces _____ x \$5 = \$ _____

of power outlets _____ x \$10 = \$ _____ (specify 110v or 240v _____) = **Total Paid \$** _____

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: _____