## 2020 Westport Art Festival FOOD VENDOR Application

August 15 & 16 2020, 10am-5pm Sat, 10am-4pm Sun

APPLICATION DEADLINE JULY 22, 2020 (POSTMARKED BY JULY 20)

Vendor contact: Midge Hunnicutt, 206-228-9784 or email: WAFestInfo@gmail.com

Acceptance letters will be emailed within one week of approval by Festival committee.

Vendor letters with notification of booth assignments will be emailed July 31, 2020.

Booth assignments are at the discretion of the Festival Committee. Additionally, the Committee reserves the right to refuse participation to applicants with substandard displays,

items not listed on application, or are deemed unprofessional in any manner, with no refund.

	Cl	necklist for Vendors
Please mail	the following to Westport Art 1	Festival, PO Box 1058, Westport, WA 98595:
	Completed and signed application ar	•
,	2-3 Clear photos of your food items,	and copy of menu if available. NO CD's, please
	One photo of truck or booth.	
	State Tax ID#	(required for participation)
	Insurance #	(business or home policy covering liability at events)
	Food Vendor License #	` <b>1</b>
(	Check or Money Order made out to	Westport Art Festival
		le once notice of acceptance has been sent.
	INCOMPLETE APPLICATIO	NS WILL BE RETURNED
	Westport Art Fest	ival 2020 Hold Harmless Agreement
sponso	ors or patrons of the Westport Art Fe from any care, custody or control a	amber of Commerce, the City of Westport and any other volunteers, stival 2020, and any employees of the above named organizations, gainst injury, loss, theft, vandalism and/or fire, wind, rain responsibilities associated with the August 15 & 16, 2020 event.  New Vendor
Vendor:		/
(Print full name)		(Signature)
Business Name:		Phone:
Address:		
Date:	Email:	Website:
CELL PHO	ONE NUMBER WHERE YOU CAN	BE REACHED DURING EVENT:

Vendor's name, business name and website will be listed on the WAF website.

## **2020 Westport Art Festival FOOD VENDOR Application** APPLICATION DEADLINE JULY 21, 2020 (POSTMARKED BY JULY 19)

Please list the food items to be sold:							
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							_
							<u> </u>
Please indicate type of set-up	_Booth	Please cir	cle one:	10' x 10'	10' x 2	20'	
	Self-cont	ained trail	er /truck	How long	(feet)		_
Disease 18-4		: 1 . : 1 : 4					
Please list any special requests, ie: handic	apped acces	SIDIIITY					
(Every effort will be made	le to honor	all request	s, however	requests are	not guaran	teed)	
Vendor's name, business name and catego	ory will be li	isted on the	e printed ex	xhibitor map	and on web	site.	
, 0							
2020 Booth Fee:							
EACH 10' x 10' space fee = \$115.00		# of space	s requested	d:	x \$115	=	\$
	CIT	OLE.					
DO YOU NEED ELECTRICITY?	NO NO	RCLE: YES	If VFS r	olease add:	\$10	=	\$
	110	123			r		Ψ
			TOTAL	L FEES ENC	LOSED:	\$	
Entry fee and photo	s will be r	eturned if	your app	lication is no	ot accepted	.•	
· -					_		
I have read and	agree to al	u terms ar	na conditi	ons set torth	above:		

Signature\_\_\_\_\_\_Date\_\_\_\_