

Name(s): _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alt. Phone: _____

Email: **(required)** _____

Website: _____

New Vendor - Please attach pictures of your products and booth display

Returning Annual Vendor Preferred location: _____
How many years? _____

Returning Daily Vendor Preferred location: _____
How many years? _____

UBI # (9 digit): _____ - _____ - _____
(required)

Can I share your contact information with customers? No yes

Product(s) for Sale: _____

Vendor(choose one)

- Annual 10' x 10' Space** \$375
- Annual 10' x 20' Space** \$750
- Annual Food 10' x 10'** \$550
- Daily First Week Prepaid** \$ 27
- Daily Food First Week Prepaid** \$ 45

X **City Permit Required All** \$ 25

- Electricity – Annual Vendor \$ 50
- Electricity – Daily Vendor \$ 10
First Week Prepaid
- Late Fee – Annual Vendors \$ 50
(if mailed after April 1st)

TOTAL ENCLOSED \$ _____

___ Check
___ Visa or Mastercard
CC# _____
Exp _____ Sec# _____
___ Request Invoice through Square

<p>ANNUAL Vendors: CROSS OUT any Saturdays you will NOT attend</p> <p>DAILY Vendors: CIRCLE all Saturdays you WILL attend</p> <p>Type of vendor: <input type="checkbox"/> farmer <input type="checkbox"/> plants/flowers <input type="checkbox"/> processor/packaged food <input type="checkbox"/> crafter <input type="checkbox"/> body care <input type="checkbox"/> artist <input type="checkbox"/> commercial <input type="checkbox"/> food (prepared on-site) <input type="checkbox"/> other</p>

May	June	July	Aug.	Sept
7	4	2	6	3
14	11	9	13	10
21	18	16	20	17
28	25	23	27	24
		30		

VENDOR CERTIFICATION/LIABILITY RELEASE: By signing below I certify that I have read, understand and agree to all applicable regulations, guidelines, and COVID safety plans as stated in the Ilwaco Saturday Market Agreement & Guidelines. I certify that I and/or my business, am/is currently and properly licensed through the city and state to operate at the market. I further understand that should I fail to comply with these specified guidelines, my participation in the Ilwaco Saturday Market may be terminated. I agree to indemnify and hold harmless Ilwaco Saturday Market, the Port of Ilwaco, the Ilwaco Merchants Association and the City of Ilwaco, and all officers, employees, representatives, directors, contractors or agents from and against all liability claims, suits, damages, levies, cost, losses and fees including attorney fees arising out of or related to my activities with the Saturday Market at the Port of Ilwaco.

Signature of Vendor

Date

Annual Vendor payments and applications must be received by March 31, 2022

See Vendor Agreement & Guidelines for explanation of fees

MAKE CHECKS PAYABLE TO ILWACO SATURDAY MARKET
PO Box 36, ILWACO, WA 98624