

TWIN CITY IDLERS
PO Bos 906, Stanwood, WA 98292

VENDORS FORM

Business/Organization: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Preferred Contact No: _____ Alternate _____

Email Address: _____

Please indicate merchandise type and required space – **WE DO NOT PROVIDE WATER OR POWER**

Vendor Spots

10 x 10 = \$100

10 x 20 = \$200

10 x 30 = \$300

Streets open at 6:00 AM. Booths MUST be set up before 7:00 AM. NO EXCEPTIONS. If you have any questions, please contact Tom Courtney at 425-941-2975.

YOU MUST PROVIDE PROOF OF INSURANCE naming the CITY OF STANWOOD AND TWIN CITY IDLERS as the Certificate holder. The City of Stanwood requires that all Vendors have comprehensive liability insurance in the amounts of One million dollars (\$1,000,000) per occurrence with Two million dollars (\$2,000,000) aggregate. You must also provide us/city with a current copy of your Food handler's permit.

Auto Dealers: Cars in your vendor area are NOT eligible for trophies.

FOOD VENDOR – It is **YOUR RESPONSIBILITY** to know what the “Requirements to operate at temporary events” are. We will not refund your money if the health department shuts you down the day of the show, OR you do not have the proper paperwork filed. Snohomish Co. Health Dist. **REQUIRES** you to obtain a Temporary Food Service Permit 7 days prior to the event. For more information, call Environmental Health Division, Food Section, Everett, WA at (425) 339-5250. You also need a food handler's permit as well.

Mail this form, proof of insurance (Certificate) and payment to:

Twin City Idlers* PO Box 906* Stanwood, WA 98292 no later than May 14, 2023. **NO EXCEPTIONS.** Anything postmarked after this date will be returned to you. We have paperwork that we must provide to the city 30 days BEFORE THE SHOW. In the event of two or more vendors, selling the same goods, priority will be given to the vendor whose application was postmarked first. Once we (Twin City Idlers) accept your application, there will be no refund allowed.

Signature _____ Date _____