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

July 4, 2023 10am - 5pm Peace Portal Drive & H Street

<u>Set Up Times</u>: 7am – 10am (food vendors must arrive for set up before 9am – late arrivals will not be allowed access). <u>Take Down</u>: 5pm – 7pm. <u>Check in</u> at intersection of H St & Peace Portal. <u>Spaces are 10x10</u> (most space assignments based on date application received, with some exceptions) and are <u>\$75 & \$100 each</u>. <u>Non-Profit spaces are \$25 each</u>. 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). Application deadline: May 15, 2023.

Note: Our 80+ spaces are usually filled by the end of March – so apply early!

Mail lower portion and payment to:

Blaine Chamber of Commerce, 546 Peace Phone: 360-332-4544 Email: info@blaine	•	ne, WA 98230
Filone. 300-332-4344 Ellian. Illiowbiame	<u>chamber.com</u>	
Directions from I-5: exit #276 North, Drive, sou	left on D Street th 4 blocks to H	•
Detach & Return Lower Portion		
OLD FASHIONED 4TH VENDOR	<u>APPLICATION</u>	N - 2023
Company/Organization	 	
ContactPerson		
Address		
Telephone & Email		
Product/Service		
# of 10x10 Craft/Commercial Spaces		
# of 10X10 Food spaces	x \$100 = \$	or Blaine Chamber Members \$85
# of Non-Profit Spaces	x \$ 25 = \$	
# of power outlets	x \$10 = \$	(specify 110v or 240v)
Total Paid =\$	(Pa	ay by credit card below)
Please sign below: I, the undersigned and any other persons helping Fashioned 4th, the Blaine Chamber of Commerce, thing, fictitious or real, against any breakage, dan fire or any other claim I may make against any or when participating in the Old Fashioned 4th. It is if applicable, and I assume all liabilities while mar County health regulations and obtain a permit.	, the City of Blaine, th nage to goods, the we all of the heretofore agreed I will collect a	neir agents, or any other person, place or eather, acts of God, illness, accident, theft, mentioned persons, places or things involved and pay my own Washington State Sales Tax,
Signed	Date	
Credit Card Payment: Visa or MasterCard only		
N. A		

Expiry Date_____ CV Code#____ Zip Code____