



2011 SELAH COMMUNITY DAYS

“Pennies from Heaven”

VENDOR APPLICATION

Name of Organization: _____

_____ Local Non-profit Organization (\$100 deposit, 10% of gross per 15x15 aprox space)
1 - 20 amp circuit provided

_____ Commercial Vendor (\$200 deposit, 20% of gross, \$200 minimum per 20x15 aprox space)
1 - 30 amp circuit provided

Name of Contact Person: _____

Address: _____

Phone: 1) _____ 2) _____

Next Years Contact: _____ Phone# _____

Next Years Address: _____

We want our location for: Friday, 20th _____ Saturday, 21st _____ Sunday, 22nd _____
(Check all that apply)

Vendor Activity/Food Product(s) **BE SPECIFIC:** _____

It is the policy of Selah Community Days to allow only one (1) vendor any unique primary food item or activity. Preference is given to the vendor that has successfully offered that item/activity in the past. Multiple vendors may sell basic food/drink items.

Does your booth need electricity: _____ No _____ Yes (20amps _____ 30 amps _____)

There is a limited availability of electricity in the park. Extension cords up to 50 ft must be 14 gauge or heavier, cords 50-100 ft must be 12 gauge or heavier and cords over 100 ft must be approved by park chairman before using. Thirty-amp concession units must have cords that meet specifications; booths requiring additional electricity will be charged an additional fee.

Approximate size of booth/area: _____ feet x _____ feet.

Booth Location: Organizations that participated last year are given first choice on their previous booth location. Please indicate if you want to stay at your previous location or move to a new location. Request will be considered on an individual basis. SAME _____ NEW _____

Selah Fire Department requires all vendors with a heat source to have a working fire extinguisher in the booth at all times. They will do spot checks and close you down if you do not comply.

Agreement:

I understand that my organization will be held accountable for the unfavorable actions of any of our members. The organization named herein: here-by indemnifies and holds harmless the SCDA and City of Selah and their officers/employees, from any claim or demand for personal injury, death or property damage which arises in connection with our participation in Selah Community Days. Our organization has the appropriate insurance and a copy is enclosed with our application. Our organization agrees to pay SCDA the appropriate percentage of gross sales that we receive, by the end of this event. I certify that I have read all rules and guidelines for the SCDA event as enclosed and agree to abide by them _____ (initial). My signature indicates my understanding of these rules and a desire to participate. All members of my organization taking part in this event have been notified of these rules and agree to abide by them.

If you do not remit the percentage, your deposit will be forfeited and an estimated balance due to SCDA will be assessed with interest and penalties. Failure to correct any deficiencies will result in loss of vendor status for future year(s).

Print Name & Title _____

Signature _____

Mail to: Selah Community Days, Park Committee
P.O. Box 783
Selah, W A 98942

E-mail to: gdplus7@fairpoint.net

Thank you,
Gary Green, Park Chairman