



City of DuPont Parks & Recreation
Winter Wonderland Holiday Bazaar Vendor Application
 November 23, 2019 – 9 AM – 3 PM – Pioneer Middle School
 Bazaar Contact: Emma Wiegand (253) 912-5245 temp1@dupontwa.gov

Please print ALL information clearly, sign and submit with fees by November 15th. Space is limited and we are accepting applications on a first come, first served basis. A wait list will begin when ALL spaces have been filled!

Name _____ Business _____
 Address _____ City, State, Zip _____
 Phone _____ Email _____

Please make check payable to: *City of DuPont*
 Send application(s) **AND** Fees to City of DuPont ATTN: Holiday Bazaar, 1700 Civic Drive, DuPont, WA 98327 **OR** place in DuPont City Hall drop box **OR** drop off at DuPont City Hall reception **no later than Friday, November, 15th**.

Event Location and Time information:
 Pioneer Middle School - 1750 Bob's Hollow Lane, DuPont, WA **(Please do NOT mail anything to this address)**
 9:00am - 3:00pm

Booth Fee: \$40.00 (10 x 10), includes (1) box lunch. Vendors are responsible for charging and reporting sales tax to the Department of Revenue. If you do not have a yearly business license filed with the City of DuPont then you are required to file for a temporary business license. (There is a \$5.00 fee for a temporary business license). Commercial Vendors are limited to the first 5 approved applications. Hand crafted items are preferred.

Booth Set-Up: Friday, November 22nd from 7 PM - 9 PM and Saturday, November 23rd from 7 AM -9 AM. All booths must be open and ready for business by 9 AM, November 23rd. All booths must be cleaned and removed by 5 PM, November 23rd. No alcoholic beverages, smoking, or candles (flameless are ok). The City of DuPont does not assume responsibility for injury to persons, or loss of damage to any property, including theft.

All vendor booths must remain open from 9 AM-3 PM on Saturday, November 23rd.
Vendors are responsible for bringing their own tables and chairs. Tables must be covered to include the front and sides. **Electricity requests are taken on a first come, first served basis.**

The City of DuPont reserves the right to refuse items deemed inappropriate for sale at the bazaar. A brief explanation of items to be sold and/or photo is required. Gift vendors may not sell opened food items due to Health Department regulations.

Description of items sold _____

Any other special requests _____

Please reserve _____ booth(s) at \$40.00 each for a total of \$ _____
 Temporary Business License fee (\$5 if applicable) for a total of \$ _____
 Additional _____ box lunch(s) at \$5.00 each for a total of \$ _____

TOTAL PAYMENT: \$ _____

I have enclosed the following:
 _____ Completed Bazaar Application (this form)
 _____ Completed Temporary Business License (if applicable)
 _____ Check made out to City of DuPont to cover Booth Fee(s), Temporary Business License (if applicable) and any additional box lunches. Please do not drop cash in the drop box at City Hall, checks are preferred.

I acknowledge and accept responsibility for the accuracy of this application, payment of all fees required, agree to comply with all regulations and to save and hold harmless the City of DuPont, their employees, officers and agents from any loss or damage to any persons or property caused by applicant's application with the Winter Wonderland Bazaar.

 Signature of Applicant

 Date



City of DuPont
1700 Civic Drive
DuPont, Washington 98327
(253) 964-8121
(253) 964-3554 fax

Temporary Business License Application

Applicant Information

Failure to provide any requested information may delay your application. The license shall be valid for a period of **24 hours** from the date and time specified. A fee of **\$5.00** is required for all vendors conducting business in the City of DuPont for a **special event** in any 24 hour period. Please make your check payable to the City of DuPont and remit with this application to the address listed above.

Please note: For special event licenses, we will mail your Business & Occupation Tax form to you at the end of the year.

SPECIAL EVENT _____ EVENT DATE: _____

Legal Business Name: _____ WA State U.B.I. #: _____ - _____ - _____

Doing Business As (if different from above): _____

Type of Business: _____

Business **Location Address** (No P.O. Boxes): _____

City: _____ State: _____ Zip: _____

Business **Mailing Address:** _____

City: _____ State: _____ Zip: _____

Office Contact Name: _____ Email: _____

Business Website: _____ Phone: _____ Fax: _____

I hereby certify that the statement furnished by me on this application are true and correct to the best of my knowledge and belief.

Authorizing Signature: _____ Date: _____

Authorizing Name: _____ Title: _____

Please Print

City of DuPont use only

Date Received: _____ Receipt #: _____ Check No: _____ Amount _____

Time: _____ Didn't issue license (list reason) _____

Issued Temporary License# _____