Saturday Market at the Port of Ilwaco

2016 Vendor Application

Rusinass Nama:	Amount Enclosed \$	
		2016 Vendor(choose one)
Mailing Address:		
	State: Zip:	Status (choose one)
Phone:	Cell Phone:	· •
Email(Required):	Website	:
UBI # (9 digit):		
Product(s) for Sale		
	ou need: Preferred location	ns:
Need proximity to: € Water	€ Electricity	

ANNUAL Vendors: CROSS OUT ("X") Saturdays you will **NOT** attend listed to the right.

DAILY Vendors: **CIRCLE** Saturdays you WILL attend the dates listed to the right.

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 and guidelines as stated in the Saturday Market at the Port 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 Saturday Market at the Port of Ilwaco may be terminated. I agree to indemnify and hold harmless Saturday Market at the Port, the Port of Ilwaco, Ilwaco Merchants Association and the City of Ilwaco, and all of their 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 Saturday Market at the Port of Ilwaco.

> Signature of Vendor Date

Mail application and payment to: Saturday Market at the Port of Ilwaco PO Box 36 Ilwaco, WA 98624

Hand deliver application and payment to: Port of Ilwaco Office 165 Howerton Way SE Ilwaco, WA 98624

Annual Vendor payments and application must be received by April 1, 2016 After that date only the daily fee option is available.