

Natural Fiber Fair
PO Box 212
Arcata, CA 95518
Website: naturalfiberfair.com



Teaching the Community Sustainable Traditions Natural Fiber Fair 2017

Exhibits, Classes, Workshops, Kid Zone, Fleece Market, Knitting, Spinning, Weaving,
Natural Dyes, Basketry, Spinning Circle, and so much more...
September 9th and 10th, 2017 held at Arcata Community Center in Arcata, CA
Saturday 10-5 and Sunday 10-4

Natural Fiber Fair Vendor Application

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Please provide a brief description of your merchandise as you would like it to appear in the program and on the web site. ** New vendors; Please describe your merchandise, display and include a photo of your booth.

Items to be sold must be fiber related. Our goal is to provide a great fair that supports our artisans and producers. You may sell items you make yourself or items manufactured from fiber you produce. Weaving supplies, tools, books, yarn and fabric are also allowed.

Imported finished goods are not allowed. These items include garments, scarves, hats, toys, gloves, hangings, placemats, bags, rugs and other finished items. An exception may be made for cooperatives that work directly with artisans from other countries, at the discretion of the Fiber Fair committee. We will ask you to remove items that are not allowed.

EDUCATION: Demonstrations and workshops are a major aspect of our fair. We strive to offer low cost workshops and free demonstrations to inspire the attendants. We ask all vendors to offer a minimum of one demonstration in the exhibit hall that. Please explain your demonstration as you would like it to appear on the web site and program. Include any material fee to be charged to participants.

Natural Fiber Fair Vendor Application

VENDOR HALL:

10' x 10' booth - \$120 20' x 10' booth - \$240 30'x10' booth- \$360 **Total** \$ _____

We figure out the booth map yearly by committee and won't make any promises, but welcome your mapping requests.

30" x 6' rectangular tables – we will have a limited quantity available.

Send in your application early to reserve up to two tables. # requested _____

Electricity

The hall has gymnasium lighting. Since most of us are selling "color" please bring additional lighting including a heavy duty extension cord.

FLEECE MARKET SPACE

This (Outdoor 2017) market is for the sale of fleece and pelts only. \$50 **Total** \$ _____

The City of Arcata requires a booth Business License. Please complete and return their form.

If you already have a license, you may send details or a copy to skip this fee.

You may pay NFF or send a separate check if you wish payable to the City of Arcata.

(We'll forward the form and payment to them in August) **City of Arcata License fee is \$21.00**

GRAND TOTAL DUE \$ _____

Please make checks payable to NATURAL FIBER FAIR and mail to:

Natural Fiber Fair

PO Box 212

Arcata, CA 95518

We've added a Pay Pal payment option on our website for your use. Forms are still needed!

Forms, descriptions, photos and demonstration details can be mailed to the address above or faxed to 707 826-1888 or emailed to nffsandra@wildblue.net

Thank you, we anticipate another wonderful fair. We also appreciate your help in promoting our event! Please include any additional information or notes here or by email.

Vendor Coordinator: Sandra Kernen

707 499-4986 nffsandra@wildblue.net

Natural Fiber Fair team of volunteers: Laura Doyle, Linda Hartshorn, Carin Engen, Jane Baker, Georgie Lyon, Connie Anderholm, Elaine Gray, Jan Groe, Paula Rhude & Sandra Kernen



CITY OF ARCATA

736 "F" Street • Arcata, CA 95521
(707) 822-5951

NFF
Booth 9/2017

• Please Check One •

NEW APPLICATION ☒
CHANGE OF OWNER ☐
CHANGE OF ADDRESS ☐
CHANGE OF BUS NAME ☐
HOME OCCUPATION ☐
OUTSIDE CITY ☐

BUSINESS LICENSE TAX CERTIFICATE APPLICATION

Business Name _____	• OFFICIAL USE ONLY •
Corporate Name _____ (If Different)	BUSINESS LICENSE NO. _____
Business Location _____ (Not P. O. Box)	EXPIRATION DATE _____
City _____ State _____ Zip _____	SIC CODE _____
Bus. Phone () _____ Bus. Fax () _____	INPUT/MAILED _____
	TOTAL PAID \$ _____
	CHECK# _____ CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/>

Mailing Address _____
(If Different)

City _____ State _____ Zip _____ Email Address _____

Start Date	Description of Business

Ownership: ☐ Corporation ☐ Ltd Liability Corp ☐ Sole Proprietor ☐ Partnership ☐ Trust

State Lic. No. _____ License Type _____ Expiration Date _____

Resale No. _____ Federal ID No. _____ State ID No. _____

Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

Owner Name _____ Title _____ Phone () _____

Home Address _____ Drivers License No. _____

City _____ State _____ Zip _____ Social Security No. _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ Drivers License No. _____

City _____ State _____ Zip _____ Social Security No. _____

In case of an emergency please contact:

Name _____ Title _____ Phone () _____

Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Alarm System (if applicable) Burglary / Security Alarm: ☐ Yes ☐ No

Name _____ Phone () _____

Address _____ License No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

IMPORTANT NOTE: Issuance of a Business License Tax Certificate does not in any manner excuse compliance with any applicable state, county or municipal laws or regulations. You are advised that the zoning laws, building codes, public health laws and other laws and regulations of the City, county, state or federal governments may affect your ability to conduct business at the address indicated. Contact the Community Development/Building Department at 822-5955 and the Environmental Services Department at 822-8184 for further information. Violations of laws subject you to prosecution and possible penalties. The purpose of the business license tax is solely to raise money for municipal purposes and is not intended to be a license to do business.

CERTIFICATION: I certify under penalty and perjury that the above information is true and correct to the best of my knowledge.

Signature _____

Title _____ Date _____

Thank you for doing business in the City of Arcata

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF ARCATA

No. of Employees/Owners:	Full-Time	Part-Time
No. of Units:		

Based on the fee schedule on the back of this form, please calculate the amount due.

Employees/Owners Fees	\$ 20
Unit Fees	\$
Other Fees	\$
Other Fees	\$ 1.00
TOTAL AMOUNT DUE	\$ 21

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.ca.gov - The California Commission on Disability Access at www.cdda.ca.gov.