



FOOD VENDOR APPLICATION

ORGANIZATION/BUSINESS _____

CONTACT _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

EMAIL (REQUIRED) _____

APPLICATIONS DUE BY FRIDAY, MARCH 22ND

SUBMIT TO EVENTS@OAKHARBORCHAMBER.COM



FOR OFFICIAL USE ONLY

AMOUNT PAID: _____ PAYMENT TYPE: CHECK CASH CREDIT CARD

CHECK #: _____ CC Approv # _____ DATE PAID _____ STAFF INITIALS: _____

PAYMENT: Check, credit card, or money order made payable to GOHCC

RETURN TO: Greater Oak Harbor Chamber of Commerce, 32630 SR 20, Oak Harbor, WA 98277

FOOD VENDOR (\$100 REFUNDABLE DEPOSIT REQUIRED)

____ 10' x 10' SPACE \$175 ____ 10' x 30' SPACE \$275
 ____ 10' x 20' SPACE \$225 ____ 10' x 40' SPACE \$325

(MEASUREMENTS INCLUDE DOOR SWINGS, AWNINGS, EXTENSIONS, WINDOWS, AND NON-REMOVABLE TONGUES)

BOOTH DETAILS

ENCLOSED TRAILER ONLY

SERVING SIDE: DRIVER'S SIDE PASSENGER'S SIDE REAR

YOU MUST SUPPLY YOUR OWN GENERATOR!

SUBMIT APPLICATION, DEPOSIT AND PAYMENT BY FRIDAY, MARCH 8TH TO RECEIVE 10% OFF.

OAK HARBOR CHAMBER MEMBERS RECEIVE 10% OFF APPLICATION FEE.

ALL NON-PROFITS RECEIVE ADDITIONAL 10% OFF.

LATE FEE OF \$25 WILL APPLY AFTER MARCH 22ND

NO REFUNDS WILL BE GIVEN FOR ANY REASON, INCLUDING WEATHER OR NON-PARTICIPATION.

PLEASE PROVIDE:

- PRODUCT DESCRIPTION (INCLUDE PICTURES)
- GENERAL LIABILITY INSURANCE
(INCLUDE GOHCC AS ADDITIONAL INSURED)
- SPECIAL EVENTS PERMIT FROM ISLAND COUNTY 679-7350
- PAYMENT

APPLICATION AND PAYMENT DUE BY FRIDAY, MARCH 22ND TO VICKI GRAHAM AT EVENTS@OAKHARBORCHAMBER.COM

I ASSUME ALL RESPONSIBILITY AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE GREATER OAK HARBOR CHAMBER OF COMMERCE, THE CITY OF OAK HARBOR AND SPONSORS, FROM ANY AND ALL CLAIMS, INJURIES, AND DAMAGES WHATSOEVER OCCURRING TO MY BOOTH, PRODUCTS, AND PERSON(S) AS A RESULT OF MY PARTICIPATION WITH HOLLAND HAPPENING FESTIVAL. I AGREE TO COMPLY WITH STATE FIRE SAFETY REGULATIONS AND REQUIREMENTS.

SIGNATURE _____

DATE _____