



KEYPORT FEST 2019 - Sept. 21

Keyport Improvement Club
PO Box 251, Keyport, WA 98345

FOOD VENDOR REGISTRATION

Registration Due no later than September 1

I wish to participate in KEYPORT FEST as a FOOD Vendor.

BUSINESS NAME _____

E-mail Address _____

CONTACT NAME _____ Phone # _____

Address _____

Business URL if you would like a link on Fest webpage _____

Type of Food being sold (only food listed here will be allowed during the festival) _____

(continue on separate sheet if necessary)

Booth size (footprint): 10 x 10 (\$30) 10x20 (\$60) 10 x 30 (\$90)

ADD-ON: Electrical hook-up [] \$15 ADDITIONAL COST

One extension cord with maximum 20 amp load allowed. You are responsible for providing cord covers for your cords. If proper cord covers are not provided, you will not be allowed to lay your cords.

Total Payment enclosed: \$ _____ *(Make checks payable to: KIC-KEYPORT FEST)*

I WILL BE RESPONSIBLE to arrive prior to 8:30 AM and for providing my own tables, chairs, and canopy (leg weights required), setting up my own booth, and cleaning up my area immediately following the show. I am aware that my booth fee is NON-REFUNDABLE. I agree to allow Keyport Improvement to use photos of my booth in publicity for Keyport Fest.

Signature of Vendor _____ Date _____

RETURN COMPLETED REGISTRATION, CHECK, INDEMNITY AGREEMENT, AND COPY OF HEALTH
DEPARTMENT PERMIT **NO LATER THAN September 1** to:
Keyport Improvement Club, PO Box 251, Keyport, WA 98345



KEYPORT FEST 2019

Keyport Improvement Club

PO Box 251

Keyport, WA 98345

360-598-6787

Food Vendor Information Page – PLEASE READ!

Keyport Improvement Club is planning Keyport Fest 2019, which will be held in Keyport on **Saturday, September 21st from 10:00 AM to 4 PM**. Complete and submit the application, Indemnity form and payment. Upon committee approval, you will be notified of acceptance to the festival. If you are not approved, payment will immediately be refunded.

- To comply with Health Department requirements, food vendors **MUST** provide proof of a Kitsap County Health Permit **WITH THEIR APPLICATION**. Permit information is available at http://www.kitsapcountyhealth.com/information/food_vendors.php.
- Booth sizes are 10 x 10, 10 x 20, and 10 x 30.
- **Vendors must arrive no later than 8:30 AM or may not be allowed.**
- Vendors will be located on the main roads in Keyport and possibly in the Naval Undersea Museum lot.
- If you need an electrical hookup, you must contact the vendor coordinator at 1956pgarrison@gmail.com IN ADVANCE as they are limited. *One extension cord with maximum 20 amp load allowed.* You must provide your own 15-25 foot long extension cords AND COVERS. There is a \$15 fee for electrical hookups.
- You must provide your own booths, display boards, tables, chairs, canopy coverings, etc., for your area. **Vendors with canopies are required to have their canopies sufficiently and safely anchored to the ground from the time their canopy is put up to the time it is taken down.** For Canopy Safety 101, please click [here](#) or go to Fest website - www.keyport98345.com.
- You will be responsible for keeping your area clean at all times.
- We cannot guarantee booths or items will not be duplicated. We will try our best not to place duplicate vendors next to each other, so to help us PLEASE list your products in detail.
- All vendors are required to park their vehicles after unloading and before set-up. We will provide designated Keyport Fest vendor parking areas.
- Please have someone in your booth at all times.
- Each vendor will be responsible for conducting their own sales and collecting their own sales tax. We encourage you to plan your booth so you can operate for the full day.
- This is a family-friendly event, and any item deemed inappropriate by Keyport Fest must be removed upon request.
- Booth location will be determined by the Keyport Fest vendor coordinator. Special requests will be considered on a first come/first served basis.

SETUP TIMES AND HOURS OF OPERATION

Saturday setup: from 7:30 AM – 9:45 AM **Show hours:** 10:00 AM – 4:00 PM

For Information, please contact Peg Garrison at 360-598-6787 or email 1956pgarrison@gmail.com



KEYPORT FEST 2019

Keyport Improvement Club

PO Box 251

Keyport, WA 98345

360-598-6787

INDEMNITY AGREEMENT

BUSINESS NAME _____ DATE _____

OWNER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

I, the Vendor, have read and understand all the foregoing Rules and Regulations.

To the fullest extent permitted by law, Vendor shall indemnify, defend and hold harmless the Keyport Improvement Club, Kitsap County, agencies of Kitsap County and all officials, agents and employees of State, from and against all claims arising out of or resulting from the performance of the contract. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable for bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from. Vendor's obligation to indemnify, defend, and hold harmless includes any claim by Vendor's agents, employees, representatives, or any subcontractor or its employees.

Vendor expressly agrees to indemnify, defend, and hold harmless the Keyport Improvement Club and Kitsap County for any claim arising out of or incident to Vendor's or any subcontractor's performance or failure to perform the contract. Vendor shall be required to indemnify, defend, and hold harmless the Keyport Improvement Club and Kitsap County only to the extent claim is caused in whole or in part by negligent or intentional acts or omissions of Keyport Improvement Club or Kitsap County. I have all permits, licenses, insurance, etc. required by the county and state to operate a legal business. I am of legal age (18 years or more). In consideration for allowing me to participate, I agree to indemnify and hold harmless the Keyport Improvement Club, their agents, Kitsap County and their agents, from expenses of whatsoever kind or nature, including attorney's fees, incurred by reason of or in connection with participation in this event.

SIGNATURE OF BUSINESS OWNER

_____ Date _____

CONTACT PERSON FOR EVENT (if different from above)
