## **Godwit Days Vendor Application 2018**

Address			
	State		
City		Zip	
Phone:I	Fax:	E-mail	
CA Resale #C	ity of Arcata Bu	siness Lic. #	
Federal I.D. #			
Type of Merchandise you will be	offering:		
Non-Profit/Government Information Do you need access to electricity		-	
Are you bringing a stand-alone of Booth spaces will consist of 1 6			
Names of people staffing your be	ooth:		
Please reservebooth space(s) a 50% discount.)		per booth. (Non-profit agencies	
Arcata business license (separate Please note: \$21 business licens		out to <u>City of Arcata</u> .	
Insurance requirement (circle	one):		
Proof of \$1 million policy OR	coverage thre	ough our organization	
(include \$72 in your check, ma	de out to <u>Godv</u>	ritDays.)	

Your application and payment is due March 21, 2018. You will be sent vendor instructions after this date. Space is assigned on a first-come, first-served basis. For further information please call Dave Schumaker (707) 834-1928 or e-mail us at godwitdaysreg@yahoo.com.