Godwit Days Vendor Application 2017

| Company Name | Con | ntact Person |
|--|---|---|
| Address | | |
| City | _StateZip | |
| Phone: | Fax: | E-mail |
| CA Resale # | City of Arcata | Business Lic. # |
| Federal I.D. # | | |
| Type of Merchandise | you will be offering: | |
| | ent Informational Agenc o electricity? Y/N | y Please attach proof. |
| Are you bringing a st | and-alone display? Y/N | If so, do you still require a table? |
| Specify height and ex | spanse of display | |
| | r of people staffing you | r booth: |
| | | \$110 per booth. (Non-profit and agencies receive |
| Arcata business licen Please note: \$21 bus | | de out to <u>CityofArcata</u> . |
| Insurance requirem | ent: (circle one) | |
| Proof of \$1 million p | oolicy OR coverage t | hrough our organization |
| (include \$72 in your | check, made out to <u>Go</u> | odwitDays.) |
| You will be sent vend | payment is due no later or instructions at the beg a first-come, first-served | |

call (707) 826-7050/800-908-9464 or Dave Schumaker (707) 834-1928.