



Coupeville Merchant Application 2010

Name _____ Business Name _____

Mailing Address (business) _____

Physical Address (business) _____

Phone (day) _____ Phone (night) _____

Descriptive Comments/Price Range of Products:

The following, when executed, constitutes a contract between the merchant and the Coupeville Festival Association:

I, the above Coupeville Merchant, show my agreement by initialing each statement:

- ____ 1. I will provide a Certificate of General Liability Insurance in the amount of \$100,000 minimum, naming the Coupeville Festival Association as Certificate Holder for the dates of August 14 and 15, no later than **July 30, 2009**. (Please call your insurance carrier for more information.)
- ____ 2. I will exhibit **only** items currently sold in my store. Items not normally sold by my business **may not** be purchased specifically for this event.
- ____ 3. I agree to keep my booth up for the entire duration of the Festival. Disruptions such as set-up and tear-down may only occur before and after Festival hours. Hours of sale are 10-6 on Saturday and 10-5 on Sunday.
- ____ 4. I agree to hold the CFA harmless from: (a) claims for any damage to or loss of merchandise incurred while exhibiting at the Coupeville Arts and Crafts Festival, (b) claims for product liability and (c) claims for injury.
- ____ 5. This application includes the fee of \$100 in the form of check or money order for a 10' x 10' booth space; deadline, **July 30, 2009**. **Please make check payable to CFA and mail to PO Box 611, Coupeville.**
- ____ 6. Applications will be subject to review by the Arts and Crafts Booth Committee or the Food Booth Committee, whichever applies. In addition, food merchants must comply with Island County Health Department and will be inspected by proper authorities.

Date _____ Signature _____ UBI(mandatory) _____