

2021 VENDOR CHECKLIST



- Application must be turned in by November 19, 2021.
- Vendor Permit - contact the Adams County Health Department
 - 509-488-2031
- Food Handlers Permit - contact the Adams County Health Department for a Food Handlers Permit or you can apply for one online.
 - 509-488-2031
 - <https://www.foodworkercard.wa.gov/>
- Pay required fee for application. Payment is due when you turn in application, checks can be made out to: Beautification Committee, c/o Othello Holiday Committee. You may drop application/payment off at City Hall.
- Submit Menu to be approved.

- The week before the parade, you will receive an email, to the address provided on this form, with setup instructions.
- Vendors must provide their own equipment, i.e.: canopies, tables, chairs, lights, etc.
- Booths must be decorated to coordinate with this year's holiday theme, which is "WHOVILLE."
- All fees are non-refundable, as they are used to promote the event.
- No running water is available, make sure you have your own hand washing station.
- Setup Time: Vendors can begin setup at 8:00 AM.
- Our event usually runs from 12:00 PM to 8:00 PM
- Vendors are responsible for leaving the area in the same condition as they found it.

2021 VENDOR APPLICATION



Organization Type: Non-Profit \$0 Food Vendor \$100 Merchandise/Other \$50

Vendor/Business Name: _____

Contact Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Vendor Type:

Food Merchandise Other: _____

Description of items to be sold: _____

Adams County Health Dept. Permit/Receipt No.: _____

WA State Dept. of Health Food Handlers Card No.: _____

**Please attach your food booth menu and submit with this application. Your menu will be reviewed by our committee for approval.*

POWER - To supply you with the appropriate voltage please describe exactly everything you will need power for, and the number of connections needed.

Voltage Needed: _____

Hold Harmless Agreement:

The Othello Holiday Committee or their affiliates will not be held responsible for any, lost, stolen or damaged goods or any injury incurred during the event.

Signature: _____

Date: _____

PLEASE RETURN APPLICATION TO: committeemanager@outlook.com.

DEADLINE: ALL ENTRY FORMS MUST BE SUBMITTED BY November

For more information contact Jackee Carlson at: 509-470-0118