Godwit Days Vendor Application 2020

Company Name	y NameContact Person		
Address			
CityState_	Zip		
Phone:	Fax:	E-mail	
CA Resale #	City of Arcata Bu	usiness Lic. #	
Federal I.D. #			
Type of Merchandise you wi	ill be offering:		
Non-Profit/Government Info	ricity?:_	•	
Dimensions and brief descri	ption of stand-alone	do you still require a table?displaychairs, no exact measurement of floor space	
Names of people staffing yo	our booth:		
Please reservebooth space a 50% discount.) Make chee Mail to: Godwit Days PO	ck payable to: Gody		
Arcata business license (seps Please note: business licens		e website): made out to <u>City of Arcata</u> .	
Insurance requirement: (circ Proof of \$1 million policy	,	ıgh our organization	
(include \$75 in your check	, made out to <u>Godw</u>	vit Days.)	

Your application and payment is due by: March 4th, 2020. You will be sent vendor instructions after this date. Space is assigned on a first-come, first-served basis. For further information, please e-mail us at godwitdaysreg@yahoo.com or call (707) 826-7050.