



2026 Shell-ebration: Friday, Aug. 14th

Contact: officemanager@humboldtcountyfair.org Phone: (707) 786-9511

1. Application Instructions:

- Carefully review the attached application form *prior to completing the application*.
- Submission of an application does not constitute a guarantee of space or an agreement.
- *Applications* are due no later than 5 PM on June 15th, 2026.
- You will be notified if your application has been accepted or denied.

2. Application Processing Fee:

- WAIVED FOR FIRST-TIME EVENT

3. Products & Marketing - Include with your application:

- A list of all products proposed to be promoted, display, given away or sold. Do not list “accessories”, all products must be listed.
- Marketing Materials.
- A picture of your booth.

4. Insurance Requirements – You must have insurance coverage through one of the following options:

- Provide a CFSA Master list number and expiration date
- One time insurance coverage may be purchased through “*CA Fair Services Authority*”, which will provide the necessary coverage through the duration of the Fair.
- Certificate of Insurance with correct coverage verbiage. A Sample Certificate will be provided to accepted applicants.

5. California Department of Tax & Fee Administration

- A copy of your Calif. Seller’s Permit must be included with your completed application.
- Out-of-State vendors must obtain this permit prior to the start of the Fair.
- The permit must include the Humboldt County Fair as a sub-location.
- Failure to provide a copy of the permit & CDTFA number may result in booth cancellation.
- Vendors are responsible for collection and payments of any applicable sale taxes.



2026 Humboldt County Fair Shell-ebritation Vendor Application

Completed Applications may be mailed or emailed to:

Office Manager, Humboldt County Fair 1250 5th Street Ferndale, CA 95536
officemanager@humboldtcountyfair.org

TYPE OR PRINT LEGIBLY IN INK

COMPANY NAME: _____

(NOTE: This is the name that will be on the Contract and MUST match the same name that is on the insurance certificate. Please include "Doing Business As" name if applicable")

CONTRACT SIGNING AUTHORITY: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____

EMAIL: _____

ONSITE CONTACT NAME: _____

BUSINESS PHONE: _____ **CELL PHONE:** _____

CALIFORNIA SELLER'S PERMIT NUMBER/RESALE NUMBER:

Attach a copy of your Seller's Permit to this application. If the permit is pending, attach a note that the application is pending. For more information, please contact the CA Dept. of Tax and Fee Administration (previously the Board of Equalization) at: www.cdtfa.ca.gov/services/permits-licenses

REFERENCES:

Have you participated as a Vendor at the Humboldt County Fair before: _____ If Yes, when? _____

New Vendors Only: Please list other events or fairs that you've previously participated:

1. Contact Name: Phone Number: _____

2. Contact Name: Phone Number: _____

APPLICATION SUBMITTAL:

By signing this application, I declare that the information contained in the foregoing application is true and correct to the best of my knowledge and understanding.

Name of Applicant (Print): _____

Signature(s): _____ Date: _____



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Refer to the “**2026 Vendor Guidebook**” for information about the Humboldt County Fair, policies and regulations pertaining to Concessionaires and our facilities.

1. PRODUCT AND BOOTH DESCRIPTION:

- I. Will there be product demonstrations? Yes No
- II. Are you giving away promotional items? Yes No
- III. If you will conduct a drawing, provide a description of the prize. _____
- IV. If you plan to give away food samples, a copy of a valid Health Dept. Food Permit is required.
- V. Attach a photo of your booth with products.

Description: (Attach additional sheets as necessary.)

2. FOOD VENDOR BOOTH DESCRIPTION:

- I. A copy of a valid Health Dept. Food Permit is required, and booth inspections must be performed by City of Ferndale’s Health Inspector prior to event’s Opening.
 - II. Submit a list of ALL Food and Beverages proposed to be sold.
- HCFA reserves the right to approve/deny any proposed items.

Description: (Attach additional sheets as necessary.)

3. ADDITIONAL NOTES YOU WOULD LIKE TO PROVIDE:



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Check All Those That Apply to Determine Your Preliminary Cost.

4. I am interested applying for booth space for the identified period(s) & vendor type. Select all that apply:

I. Humboldt County Fair Shell-ebration: Friday, August 14th, 2026, 2-9pm.

II. Vendor Type: Food Concessionaire Non-Food- Commercial Concessionaire
Educational or Informational Booth

5. FOOD CONCESSIONAIRE:

I. Booth Size: _____

II. Electrical Needs: _____

III. Food Concession Space Rental Rate: \$250

6. COMMERCIAL (NON-FOOD) CONCESSIONAIRE:

I. Booth Size: _____

II. Electrical Needs: _____

III. Commercial Space Rental Rate: \$150

7. EDUCATIONAL OR INFORMATIONAL BOOTH

I. Booth Size: _____

II. Electrical Needs: _____

III. Educational/Informational Rental Rate: \$25

8. CFSA INSURANCE - CA Fair Service Authority

- HCFA Processing Fee \$20.00
- Food Vendor \$195.00
- Commercial/Educational Vendor \$150.00

9. I am interested in competing in the Shell-ebration Oyster Cookoff

Which category would you like to enter? A \$25 fee per category or \$50 fee to enter all three will apply:

- The Superior Sizzling Hot Oyster
- The Fabulous Freeze Cold Oyster
- The Rate My Plate Best Oyster Presentation

All entries will automatically be entered into a "Best Overall" category!

Preliminary Total: _____