



Event Dates: _____

Vendors pay \$50 per event date.

Completed Applications may be mailed or emailed to:

Humboldt County Fair
1250 5th Street
Ferndale, CA 95536
707. 786.9511

Or 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** _____

CODE _____

EMAIL _____

WEBSITE _____

BUSINESS PHONE _____ **CELL PHONE** _____

ONSITE CONTACT NAME _____ **PHONE NUMBER** _____

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

Vendor must provide their own a Certificate of Insurance with the correct language listed on our sample COI or pay for CFSA Insurance

CFSA INSURANCE

A. CFSA INSURANCE –

- | | | |
|---|-----------------------------------|--------------------------------------|
| a. HCFA Processing Fee | | <input type="checkbox"/> \$ 20.00 |
| b. CA Fair Service Authority— | Up to 5 days | <input type="checkbox"/> Over 5 days |
| i. Food Vendor | <input type="checkbox"/> \$ 45.00 | <input type="checkbox"/> \$ 65.00 |
| ii. Arts & Crafts Exhibitors / non-food | <input type="checkbox"/> \$ 35.00 | <input type="checkbox"/> \$ 50.00 |

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: _____

Date: _____