

Airway Heights Day 2024

Saturday August 24, 2024 • 10:00am – 4:00pm • Sunset Park
LIVE MUSIC - CAR SHOW - KIDS ZONE - PETTING ZOO - BEER GARDEN & MORE!

Vendor Application

ALL APPLICATIONS MUST BE RECEIVED BY FRIDAY, AUGUST 2 2024.

All vendors will be approved on a first come first serve basis.

All fees go to benefit the Airway Heights Kiwanis Club.

VENDOR INFORMATION

Business/Organization Name: _____

Website or Facebook Page: _____

Contact First & Last Name: _____

Primary Phone: _____ Email: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

BOOTH INFORMATION

Booth spaces are approximately 10'x10' (outdoor) spaces, with the exception of food vendors. Some spaces may be larger depending on their location. Requests for larger than a 10'x10' space will incur an additional fee. Spaces will be dependent on arrival time to the event. An email will be sent out during the week prior to the event with instructions and other information, including where to unload your booth items and where to park during the event. SALE OF FIREWORKS, FIREARMS, ALCOHOL, TOBACCO, MARIJUANA, OR ITEMS PROMOTING PROFANITY AND VULGARITY WILL NOT BE APPROVED. Sale of these items at the event will result in forfeiture of vendor fee and removal from the event.

Please describe your business or organization including items for sale, information distributed, space requirements, and any other information or accommodations:

VENDOR FEES

Non-Profit Organizations - FREE (may be required to provide confirmation of active non-profit status)

Arts, Crafts, Merchandise, & Informational - \$25.00

Food Concession Vendors - \$50.00 (includes power for booth)

In an effort to maximize the return on investment for our food vendors, Food vendor space availability may be limited, and duplicate services (i.e. Hot Dogs, kettle corn, ice cream) will not be approved for participation. **Food vendors must supply their Spokane Regional Health District Operating Permit.**

Additional Fees (To be paid after approval via invoice, not included in initial payment):

Power for booth - \$50.00

Additional space - \$25.00 Exceeding assigned space without approval will result in forfeiting all fees and spaces.

For More Information Contact: Thea Loucks - Airway Heights Kiwanis Vendor Committee Chair
(509) 616-0908 | airwayheightskiwanis@gmail.com

Set up begins Saturday, August 24, 2024 no earlier than 8:00 am at Sunset Park. No exceptions.

- This event happens rain or shine - refunds will not be issued as a result of inclement weather.
- All vendors must be up and running by 10:00am and are required to stay open the entire length of the event (10am-4pm). You are welcome to stay longer if your sales are going well!
- All vendors are responsible for the clean-up and removal of items relating to their booth. Vendor areas not cleaned and cleared may result in an additional \$15.00 fee. Garbage services will be available.
- All vendors must comply with all federal, state, and local laws, and report and pay all federal, state, and local taxes due as a result of operations at this site. The Airway Heights Kiwanis Club and the City of Airway Heights are not responsible for any losses you may experience, and does not endorse any vendor or product.
- Vendors are encouraged to carry their own insurance policy to protect their property, and any claims against as a result of participating in this event. Do you have insurance?
 - **YES** Please provide a copy of your insurance listing the Airway Heights Kiwanis Club and the City of Airway Heights as an additional insured on the policy.
 - **NO** I understand that the City of Airway Heights and Airway Heights Kiwanis Club is in no way held liable for the vendor's negligence or product liability. INITIALS: _____

In accordance with RCW 49.60.215, vendors are required to comply with the Washington State Law Against Discrimination, prohibiting businesses from discriminating against people on the basis of race, creed, color, national origin, sexual orientation, sex, honorably discharged veteran or military status, status as a mother breastfeeding her child, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability.

Waiver: In consideration of acceptance of this application and as a participating vendor of Airway Heights Day, I/We, hereby agree to indemnify, save, and hold harmless the City of Airway Heights, The Airway Heights Kiwanis Club, and its representatives from any and all liability and acknowledge that the City of Airway Heights and the Airway Heights Kiwanis Club shall in no way accept any responsibility, be liable for any claim of loss, injury, or damage, whether or not based on negligence which may directly or indirectly result from traveling to and from or participating in Airway Heights Days. The undersigned hereby releases the City of Airway Heights and the Airway Heights Kiwanis Club, its members, officers, agents, and volunteers from any and all action asserting such claim.

Signature: _____

Date: _____

Payment Options (select one)

Electronic Payment

Arts, Crafts, Merchandise, Informational: <https://square.link/u/TXsjphPF>

Food Concession Vendors: <https://square.link/u/kuCSPI1C>

Check – made payable to "Airway Heights Kiwanis Club"

Cash – may be turned in with vendor application

Mail or drop off completed Vendor Application to:

Airway Heights Kiwanis Club
Attn: Thea Loucks
11405 W Deno Rd
Spokane, WA 99224

FOR OFFICIAL USE ONLY

Application Reviewed by: _____

Date Reviewed: _____

Payment Received On (mm/dd/yy): _____ Cash Check Electronic Payment

Cash/Check Payment Deposited On (mm/dd/yy): _____ By: _____