



Parks & Facilities

802 E. Mukilteo Blvd. | Everett, WA 98203 | 425.257.8300 ext. 2

Short-Term Vendor Application

A short-term vendor shall be defined as vending no more than 10 times per calendar year.

Before submitting this application, applicants must review the Park Vendor Guidelines document. The guidelines outline the requirements and responsibilities for vending in parks. By completing and submitting this form, you agree to comply with all the provisions outlined in the guidelines.

Vendor _____ **Date** _____

Contact Name _____ **Phone** _____

Address _____ **Cell Phone** _____

City, State, Zip _____ **Email** _____

Product sold or service provided _____

Dates requested* _____ **Time requested** _____

* Returning vendors may put "[year] vending" in the date section if planning to vend more than once in the calendar year. Each vending date must be pre-approved.

Park Name _____ **Location within park** _____

Concession Type/Category # _____

Fees to be paid to City of Everett

1. Per day fee is \$25/day for every designated space. See Vendor Guidelines "Parks Categories & Fees" (Fees may be adjusted as necessary).
2. No refunds.
3. TOTAL FEE DUE _____ Use additional sheet if necessary.

Vendor shall defend, indemnify, release, and hold harmless the City, its officers, officials, employees and volunteers from any and all claims, injuries, damages, losses or suits including attorney's fees arising out of or in connection with the performance of this agreement, except for injuries and damages caused by the sole negligence of the City.

I have read and understand the guidelines and application.

Electronic Signature Agreement

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

I agree. Electronic Signature

Authorized Vendor Signature _____ **Date** _____

Name (print) _____

For Office Use Only

Staff Signature _____ **Date** _____