



**KITSAP COUNTY CAMPUS
VENDOR APPLICATION**

614 Division St MS-7 Port Orchard, WA 98366 Phone: 360.307.5777 Fax: 360.337.7052
Office Hours: Monday – Friday 8:00 a.m. to 4:30 p.m., Closed Weekends & Holidays

Booth Name: _____

Authorized Representative: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ or (____) _____

Fax: (____) _____ Cellular: (____) _____

UBI#: _____ If you are not registered, please contact WSDR at 800-647-7706 or 360-486-2345.

Email Address: _____

IMPORTANT NOTES:

*** REQUIRED – Insurance:** General liability insurance written by an insurance company authorized to conduct business in the State of Washington with limits of not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate. The vendor shall name Kitsap County, its Officers, Directors, Agents, and employees as additional insured on the General Liability Policy. Certificate of Insurance MUST be on file no less than 10 days prior to work commences.

My Policy – Fax or mail copy for file records INDICATE BOOTH NAME & NUMBER ON POLICY

Vendors must meet all requirements established by the Bremerton-Kitsap Health District, Kitsap County Fire Marshal Office & Kitsap County Department of Community Development (DCD).

WE NEED YOUR HELP! Use below and/or attach a COMPLETE listing of the products you intend to sell or display.

By signing this application, I/We agree to abide by all the rules & regulations of Kitsap County should space be available.

Authorized Representative _____ Date _____

Return application to:
Kitsap County 614 Division Street MS-7 Port Orchard, WA 98366-4676 **FAX (360) 307-7052**