

**VENDOR APPLICATION**  
**14th Annual**  
**SAND CUP**

**April 3-5, 2020- Kenny Ardell Pavilion, Moses Lake, Washington**  
**Produced by Best of Barrels Only, LLC**

Business Name \_\_\_\_\_ Proprietor Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Product Offered \_\_\_\_\_

<ul style="list-style-type: none"><li>Event Fee, \$250. Security provided.</li><li>First paid, first choice of space. Must be paid in full by <b>MARCH 15, 2020</b></li><li>Booth spaces are located indoors or out.</li><li>Vehicle access in the vendor area is limited to loading and unloading due to congestion.</li><li>Inside _____ Outside _____ Trlr _____</li></ul>	<ul style="list-style-type: none"><li>Non-refundable deposit of \$100 due <b>February 20<sup>th</sup>, 2020</b> to hold space.</li><li>Set up Thursday evening April 2<sup>nd</sup> or by 10 a.m. April 3<sup>rd</sup>.</li><li>Spaces will be designated based on needs.</li></ul> <p>All farriers, chiropractors, massage therapists; veterinarians and other horse health related service vendors must pay vendor fees (absolutely no services are to be performed on Grant Co. facilities without vendor approval).</p>
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Best of Barrels Only, LLC desires to provide vendor opportunities at the 14<sup>th</sup> Annual Sand Cup. By submitting an application for a vendor space, you are committing to offer products for sale to the public. You agree that Best of Barrels Only, LLC assumes no responsibility for transactions between you and the public. You are responsible for all licenses, permits, tax, and product liability. By signing this application, you agree that the Grant County Fairgrounds, Best of Barrels Only, LLC, management or employees thereof assume no responsibility for any damages, theft to property, vehicles, and/or equipment belonging to you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to:

Best of Barrels Only, LLC  
406 Prospect Avenue  
Walla Walla, WA 99362  
Phone 509.520.3756

**Office Use Only:**

Deposit Recv'd \_\_\_\_\_ Deposit Date \_\_\_\_\_

Balance Due \_\_\_\_\_ Space Assigned \_\_\_\_\_ Check# \_\_\_\_\_