

QUILEUTE TRIBE



Mail Payment Info: Quileute Tribe Att: Events Dept | P.O. Box 279 | La Push, WA 98350

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QUILEUTE DAYS July 17 - 19, 2026

CRAFT VENDOR APPLICATION

Name: _____

Business: _____

Address & Contact Phone: _____

Email/Website: _____

Driver's License number & state: (please attach copy along with proof of Food Handler's Permit with this application)

Description of Booth:- _____

Tribe (if applicable): _____

*Space size: 10x10 \$100

*Need for Electricity: (y/n) + \$25? _____ *Electricity is extremely limited & provided on a first come, first serve basis. **Bringing your own generator is recommended.**

Limit of Liability

By signing this agreement between myself and The Quileute Tribe, I hereby agree to the terms of this agreement, agreeing to pay the disclosed vendor booth fee.

Payment Methods: Cash or Check (Payable to: Quileute Tribe – Craft Vendor)

Mail in payment will be accepted until Thursday, July 3rd. After Thursday, July 3rd payment will be accepted onsite with vendor coordinator.

I understand that Quileute Days is a family oriented, alcohol and drug free event, and agree to abstain from any alcohol and/or drugs while on the premises. I understand that despite the new Washington State Laws going in effect regarding marijuana usage, The Quileute Tribe and Quileute Days Committee strictly prohibit any depictions of drug or alcohol related paraphernalia on items marketed at Food Vendors' rental space. I understand I may be asked to leave the premises if this alcohol and drug free conduct and items marketed policy is not adhered to, and agree to abide by said vendor regulation.

I agree to be in compliance with all laws and regulations applicable to the sales of products and on-site operations of all vendor related activities.

I agree to assume all responsibility for my activities as a Food Vendor, with no claim against the Quileute Tribe, Quileute Tribal Council or the Quileute Days Committee, for injury, damages to, and/or lost or stolen property. I further hold the QTC, its officers, employees, and committee, harmless from all suits, claims, or liabilities of any nature on account of injuries or damage sustained by any person or property resulting wholly or partially from any activities associated with Quileute Days functions or events, as an Food Vendor under this application/permit. By signing below, I hereby agree to the terms and conditions set forth by The Quileute Tribe and the Quileute Days Committee.

Signature: _____

Date: _____