



Suds " N Sun 2026 Vendor Application

Name _____

Company Name _____

Address _____

City, State, & Zip _____

Phone _____ Cell _____

Email _____

10'x10' vendor space _____ @ \$25.00 vendor one day (no City License)

_____ @ City vendor license already paid no charge

Type of merchandise _____

Additional Info _____

Food vendors must meet Grant County Health Department requirements and licensing.

The Vendor/Exhibitor shall comply with all local, state, federal laws. The vendor/Exhibitor shall hold harm-less and indemnify the Soap Lake Chamber of Commerce, their officers, employees, or otherwise, for any and all liability, loss or damage including reasonable costs of defense that they may suffer as a result of claims, demands, actions or damages to any and all persons or property, costs or judgments against the above identities, employees, officers, or otherwise, to which result from, arise out of in any way connected with the services or sold by the Vendor/Exhibitor under this contract.

Owner/Operator

More info: Soaplakecoc@gmail.com or www.soaplakecoc.org