



## Benton City Chamber of Commerce

513 9<sup>th</sup> St / PO Box 401, Benton City, WA 99320

### National Night Out Vendor Registration

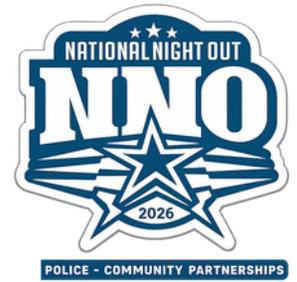
August 4<sup>th</sup>, 2026

806 Dale Ave (Community Center)

Set-up begins at 3:00 PM

Event time: 5:00PM - 7:00 PM

Email registration to: [info@bentoncitychamber.org](mailto:info@bentoncitychamber.org)



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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Business Name:(If applicable) \_\_\_\_\_

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Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Website & Social Media URLs: (Used for promotional purposes): \_\_\_\_\_

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Items being sold: (Please be specific-Like items will be limited): \_\_\_\_\_

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Length of food truck/trailer/cart: \_\_\_\_\_

**Vendors must provide their own tables, chairs, canopies, & weights**

**Vendor spaces are 10x10 unless you have a food truck**

**\*\*Electricity is not available\*\***

**Email a copy of insurance, food handler card, and BFHD Food Permit**

I \_\_\_\_\_ wish to participate in the Benton City Chamber of Commerce National Night Out event. I have read, understand and agree to abide by the Vendor Guidelines. I understand that this application is no guarantee of acceptance, that like products will be limited, and that returning vendors in good standing will receive preference. Vendor registration fees are non-refundable, unless initiated by the Chamber for public health and/or safety reasons. I agree that any images taken at this event, whether still photo or video, may be used for promotional purposes by the Benton City Chamber of Commerce, or its agents, without compensation. I agree to sign and return the ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM and provide a copy of my business liability insurance to the coordinators if applicable.

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_