



STREET PERFORMER APPLICATION

RETURN TO: seattletraindayevent@usa.com

Business Name _____

Washington State UBI (Unified Business Identifier-REQUIRED) _____ - _____ - _____

City of Seattle Bus. License number (**Seattle Business Only**) _____

Booth Name (**Event Program**) _____

Contact Person _____

Business address _____ Mailing address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone: Day (____) _____ Evening (____) _____ Cell (____) _____

Fax (____) _____ Email (required) _____

Business Name (on insurance policy) _____

Insurance Company & Policy Number _____ Renewal Date _____

Insurance phone and Contact person _____

Date Received (office use only)

Description of Exhibit:

Amount of display/exhibit space required: _____

Indoor/booth request: _____ Outdoor/Booth Request: _____ Track Length Request: _____

Electrical Power Requirements: _____ Water Requirements: _____

Waste Management Requirements: _____

Additional Service Request:

Additional Information:

Email: _____

Signature _____

Date _____