

Washington Arms Collectors Vendor Agreement

Vendor Information

C Member #:
tact Phone #:

Purpose of Table Rental (Select One)

	Property & Services.		
	Business Entity Information:		
	Name:		
	Address & Phone:		
	UBI #:		
	Business Insurance Co:		
	I agree to comply with all Federal & State laws regarding the Sales of Firearms and other personal property offered for sale. I agree to comply with all Federal & State laws regarding the collection and payment of applicable income, Business & Occupation, sales, and use taxes regarding transactions occurring at WAC gatherings. I agree to abide by any and all rules of the Washington Arms Collector's regarding both business ar personal conduct during the WAC gathering. I agree that no insurance is provided by WAC and that my business has insurance coverage with above listed carrier. I agree that WAC will require me as the Vendor to provide a Certificate of Insurance naming Washington Arms Collectors the additional Insured and provide a copy of the certificate prior to selling at any WAC events.		
These tables are rented by a private individual (Hobbyist) and will not be used for a "business" purpose. PER DEPARTMENT OF REVENUE RULING RENTING TABLES 3 OR MORE TIMES PER CALENDAR YEAR REQUIRE BUSINESS LICENSE			
	I DECLARE that I am exempt from Washington State Business License Requirements. I will only engage in the "casual and/or isolated" sales of personal property for the enhancement of a personal collection or hobby. I agree to comply with all Federal & State laws regarding the Sales Firearms and other personal property offered for sale. I agree to abide by any and all rules of the Washington Arms Collector's regarding personal conduct during the WAC gathering.		
	These tables are rented / provided for use only to "Display" a private collection.		
	I agree that no sales of personal property or services will be conducted from these tables. I agree to abide by any and all rules of the Washing Arms Collector's regarding personal conduct during the WAC gathering. I understand that I am required to display a WAC provided placard or		

_____ declare under penalty of Perjury under the laws of the State I, __ of Washington that the forgoing is true and correct.

Signature Here

Date / Place

WAC OFFICE USE ONLY:

UBI NUMBER VERIFIED BY:	Name	Date: