



2012 VENDOR APPLICATION

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____ CITY/STATE/ZIP _____

BUSINESS PH# _____ CELL# _____

EMAIL _____ WEBSITE _____

FEDERAL TAX ID # OR SSN: _____

DESCRIPTION OF GOODS TO BE SOLD:

CHECKLIST

- Completed Application Form
- Check for Booth/Special Event License, Electrical & any additional fees
- Food Vendor Insurance – if needed
- Deposit Check – Separate check
- Pictures of goods to be sold
- Food Vendor temporary license

FOR OFFICE USE ONLY:

Date Received _____

Check# _____

Amount _____

Accepted

Denied

Date Returned _____ Chk# _____

PLEASE ENSURE ALL ITEMS ARE ENCLOSED OR APPLICATIONS WILL BE RETURNED