



Vendor Application

September 27, 2025

9 a.m. to 3 p.m.

Vendor Information

Name of Business/Organization:	
Contact Person:	
Email Address:	
Phone Number:	
Address:	
City/State/Zip:	

General Description of Product/Services: _____

Booth Space:	<input type="checkbox"/> 10x10 <input type="checkbox"/> 10x20 <input type="checkbox"/> Other: _____
Vendor Type:	<input type="checkbox"/> Arts/Craft/Food <input type="checkbox"/> Non-Profit <input type="checkbox"/> First Responders <input type="checkbox"/> Activity/Other: 501(c)3#: _____
Do you require any special accommodations?	<input type="checkbox"/> Yes (Please specify): _____ <input type="checkbox"/> No
How did you hear about this event?	

Signature: _____ Date: _____

Festival Staff Use Only	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Booth #: _____	Fee Amount: _____
Paid By: _____	Date: _____