

Vendor Application

			Date of Application
Business Information			
Business Name:		Contact Person:	
Business Address:		State:	Business Phone Number:
Business Email Address:		Website:	
ndividual Contact Inform	nation	Title:	
Table 6. 1 closer representing business		, men	
Email Address:		Best Phone Number:	
Type of Business			
Artisan & Crafter Local Business			
Alcoholic Beverage	Non-Profit/Civic Org.		
Food	Other		
Food/Liquor Vendors Do You Have a Food Permit? Y/N	City/Town perm	nit was issued in & expiration date:	
Do You Have a Liquor License? Y/N	City/Town permit was issued in & expiration date:		