

# Small Business Saturday Vendor Application

Date: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Business/Organization Address: \_\_\_\_\_

Business/Organization Phone: \_\_\_\_\_

Business/Organization E-Mail: \_\_\_\_\_

Business/Organization Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

Description of what you will be selling or what activities you will be conducting:

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Will you be selling or giving away food? (Circle one)	Yes	No
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Does your business or organization carry liability insurance?	Yes	No
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Will your Business/Organization participate for the entire duration Noon-3pm?	Yes	No
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Does your Business/Organization require anything specific to operate?	Yes	No
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If yes, What? \_\_\_\_\_