



Vendor

Application

Name of Vendor/Non-Profit: _____

Contact Name: _____

Address: _____

City: State: Zip: _____

Email: _____

Cell Number: _____

Work Number/Alternative Number: _____

Fax Number: _____

Type of Merchandise:

Novelty Item

Clothing

Jewelry

Other

Food (Health permit is required)

Type of food:

If other, please explain:

Arrival Date: _____

Departure Date: _____

Booth Space 10x10

Electricity Needed:

Yes

No

- No tents, tables or chairs will be provided. Make sure you bring your own.
- Set up times are Saturday, April 2nd from 9:00-10:00a.m.
- Spaces are available on a first come, first serve basis
- Please put down what you will be selling, as we don't want duplications
- There are a limited number of food vendor spaces available
- Food vendors must also purchase a Certificate of Health from the City of Longview (\$50)
- This is an outdoor event, we will contact you if there is weather that would prevent the event

Signature of Vendor _____ Name (printed): _____

Lindsay Loy
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