

MCCA Event Vendor Application Form

Event Vendor Name: _____

Business Name (If different): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Vendor Fee (non-refundable) Retail-\$75 Food-\$100 (Food Permit Manitowoc County Health Required)

Retail Day 2 -\$100 Food Day 2-\$150

Non-Profit Organizations Literature Only - \$25 Other Items - \$50

Food - \$100 (Food Permit Manitowoc County Health Required)

Type of Products being sold: _____

- Balloons Over the Lakeshore, Friday, August 21, 2015
(5:00– 10:00) Set-up time 3:00
- HarvestFest, Saturday, October 3, 2015
(8:00– 4:00) Set-up time 7:00

What do you need for operation? (Please check all that apply)

Electricity* Concrete Surface

* 110-volt electrical service is available for a \$20 fee. (Limited Number Available)

Enclosed is a check for \$_____ along with a copy of your current liability insurance naming MCCA as additional insured. (Please make checks payable to MCCA) (Items must received 7 days prior to event. In case of inclement weather fees paid can be forwarded to the next scheduled event.)

Send your check to:

MCCA

PO Box 845

Manitowoc, WI 54221-0845