

2017 FAIR September 14-16

Incorporated 1929

Outdoor Vendor Application

Name of Organization/Business			
Name of Owner/Representative			
Address			
City			
Telephone: Daytime	Evening	Cell_	
Email address			
Items/services to be sold			
Attach separate sheet for additional			
Electricity required: \square Yes \square No)		
Licenses held (PA sales tax, Erie Co	o. Food Service, etc.)		
Please attach copies of any/all licen	nses.		
Insurance coverage (circle one):	Homeowners Busin	ness Nonprofit	
Insurance company name:	ertificate, if possible		
I hereby agree to abide by the regul www.NorthEastCommunityFair.org understand that the North East Com only. No other utilities, tents or tabl open during the following times: Th 16, 2017, 10 am to 4 pm. All display	g) and the North East Schoo nmunity Fair Association is les will be provided. I furtho nursday & Friday, Septembo	ol District in the ope providing a secure er agree to have my er 14 & 15, 2017, 3	eration of this exposition. I e location and limited electricity e display/business staffed and e to 8 pm.; Saturday, September
Signature of representative			Date
Please mail this application along we 16428 . Applications received after S			2.O. Box 5/3, North East, PA
FOOD VENDORS REQUIRE SP	'ECIAL APPROVAL, ple	ase contact us at <u>n</u>	ecommfair@gmail.com
Location desired (see vendor map):	1 st choice 2 nd choi	ce	
Date Rec'd Assigned s	For Fair Association		Check Number