

VENDOR APPLICATION

Please complete all information requested.

Date: _____

Organization/Business

Name _____

Contact Person _____

Address _____

Street

City

State

Zip Code

Phone _____ E-mail _____

PA Sales Tax License # _____ (Notice: All non-profit applications shall include a tax exempt #)

Lebanon Eating/Drinking License # _____

(NOTICE: One Day Temporary or a Non Profit Eating and Drinking License required to sell food.)

Product(s) being sold: _____

TYPE and # SPACES REQUIRED: (Electrical circuits are 110 VAC 15 Amp single phase. You may use your own generator.)

Outside # _____ \$50.00 per space (Electricity available, not included.) (Single 15 Amp circuit. \$15.00)

of spaces required _____ Electrical circuits required _____ Total fee \$ _____

Inside (TENT) # _____ \$125.00 (Includes one electrical circuit.)

of spaces required _____ Electrical circuits required _____ Total fee \$ _____

_____ Check enclosed (Note: A \$25 fee will be charged on all returned checks.)

Special Requirements: _____

Complete this application and submit check payable to Friends of Coleman Memorial Park and return to:

Friends of Coleman Memorial Park, 1400 West Maple Street, Lebanon, PA 17046

Phone – (717) 272-3342

