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Harvest Funfest & Craft Show Vendor Application

Vendor/Company Name: _____

Contact Name: _____

Address: _____

City: _____ ST _____ Zip _____

Phone Number: _____ Alt Number: _____

Email Address: _____

Describe your products: _____

Do you have a Colorado sales tax license? Yes No

If Yes, please provide your Colorado Sales Tax License Number: _____

If No, complete the attached form & return it to the event organizer at the end of the event.

How many spaces are needed for your product(s)? _____

Each space will receive one (1) 8' rectangle table, two (2) folding chairs, WiFi access and access to electricity. Each space is based on an 8-foot table length. Each space is \$50.

Number of Spaces _____ x \$50 = \$ _____

Payment Method:

Check # _____ Cash _____

Visa MC Discover Amex

Name on Card: _____

Billing Address: _____

Billing City: _____ ST _____ Zip _____

Card Number: _____

Expiration: _____ CVV _____

Signature: _____