



VENDOR APPLICATION

Name of Organization: _____

Contact Person: (name) _____ Phone: _____

E-mail Address: _____

Type of Merchandise to be Sold: _____

Approximate Size of Tent: (if applicable) _____

You will be responsible for obtaining your own tent. There will be limited access to electricity so please indicate whether you will need electricity. Yes No

Tables/Chairs Needed: (your organization will be charged the rental fee for this equipment)

Tables: _____ Chairs: _____

Notes:

Applications will be reviewed by the HOTC Vendor Committee & you will be contacted when your application is approved/denied. All vendors including CRF member organizations must agree to give 20% of their profits to the HOTC. Applicants are also responsible for all taxes which may be due as a result of sales.

Signature: _____