



# First Friday Vendor Application

Vendor Name \_\_\_\_\_

Description of Product \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number (Cell) \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Please list and describe all items you are proposing to sell in detail. You MUST include photos of your products and your display setup. Images can be emailed to [lbollin@crystalriverfl.org](mailto:lbollin@crystalriverfl.org) along with the application. Applications will not be reviewed until the entire packet is complete. In some cases, sample products may be requested to test the quality of the product. By submitting this application, you agree to abide by the City of Crystal River event vendor guidelines.

Items for Sale		
<i>(Utilize additional sheets if necessary)</i>		
Item	Description	Price

Booth Space Needed	<input checked="" type="checkbox"/>	Electric Needed	<input checked="" type="checkbox"/>	Other Considerations
10x10	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
10x20	<input type="checkbox"/>	No	<input type="checkbox"/>	
Larger	<input type="checkbox"/>		<input type="checkbox"/>	
Please list past market or event experience				

Official Use Only			
Date Received		Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Reviewed		Vendor Space	
Comments	Business License	Insurance	
	Health/Food License		