

City of Crystal River Events & Marketing 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 set up. Photos can be emailed to 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 quality of product. By applying for an event with the City of Crystal River you are agreeing to follow the event vendor guidelines.

| Items for Sale (Utilize additional sheets if necessary) | | |
|--|-------------|-------|
| Item | Description | Price |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Booth Space Needed |  | Electric Needed |  | Other Considerations |
|---|---|-----------------|---|----------------------|
| 10x10 | | Yes | | |
| 10x20 | | No | | |
| Larger | | | | |
| Please list past market or event experience | | | | |
| | | | | |
| | | | | |

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