

OFFICE USE

Date Received:

Check Number:

Check Amount:

Booth Assigned:

Type of

Business/Product:

## SWEET OWEN DAY FESTIVAL VENDOR/BOOTH APPLICATION

September 16, 2023 VENDOR & BOOTH SPOTS

Contact Person:

Business Name:				
Address:	City	State:	Zip:	
Phone Number:	E-mail:			
Write how many spots needed:				
	Saturday, September 1	.6, 2023 10am-6	<u>Spm</u>	
\$25+tax-Non Profit Entiti	es \$50	)+tax–Profit Ent	ities/Food/Campaig	gn (Chamber Member)
(If tax exempt send certificate)	<u> </u>	+tax-Non-Cham		,
Electric needed: YES NO	(\$10.00 Additional f	ee for electric ¡	per day)	
Do you wish to retain the same boot accommodate the needs of the festi				has the right to
What type of Booth/Vendor are you	providing? Food	Craft	Campaign	Other
*Please provide a menu or list of ite Set up Friday ev	ms you will be selling o			
**Please note that all vehicles	must be moved from fes	stival space by 8	3:00am for safety of	our 5k runners**
Ven	dor/Booth fee <b>MUST</b> be	received by Au	ıgust 18 <sup>th</sup>	
along with application to ensure yo date.) App	ur booth is reserved. (Bo dications received after d *No refunds wil	eadline will incu	=	according to postmark
Make check	s payable to: <b>OWEN CO</b> Mail application of <b>Christel I</b> <b>P.O. Bo</b>	with check to: Buffin	R OF COMMERCE	
	Owenton, k			
l,				
City of Owenton, and/or Owen Coun accidents, damages, or theft of the a Festival.	ty Chamber of Commer	ce and all affilia	ted supporters and	contributors from any
Responsible Party's Signature:		Da <sup>.</sup>	te:	_