

SENIOR ACTIVITIES FAIR VENDOR APPLICATION FORM

MARCH 30, 2023
9:00 A.M. – 12:00 P.M.
Foundry Art Centre



Vendors will receive a 6-ft table with table covering and skirting. Set up will begin at 7:00 a.m. All booths must be set up by 8:30 a.m. All vendors must remain for the entire event. All vendor spaces must be disassembled by 1:00 p.m.

Cost for space is \$100. Non-profit rate of \$50 available. Payment can be made via check to: City of Saint Charles, 200 N. Second Street, St. Charles, MO 63301 ATTN: Senior Activities Fair or via credit card (with a small processing fee) by calling 636-949-3301 after sending in completed application.

Any questions, please contact Beth Norviel at 636-255-6139

VENDOR APPLICATION FORM

VENDOR INFORMATION

| | | |
|---|-----------------------|----------------------------------|
| COMPANY / FIRM NAME as shown on Federal Tax Return | | |
| | | |
| ALTERNATE NAME if applicable / (doing business as) | | TAX ID NUMBER FEIN OR SSN |
| | | |
| POINT OF CONTACT NAME | TITLE | |
| | | |
| VENDOR ADDRESS | | |
| | | |
| PAYMENT ADDRESS if different from address above | | |
| | | |
| VENDOR PHONE | VENDOR EMAIL | |
| | | |
| TAX EXEMPT? Y or N | VENDOR WEBSITE | |
| | | |

ORGANIZATION TYPE

| | | | | | |
|--------------------------|-------------|--------------------------|-----------------------------------|--------------------------|---------------|
| <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Individual / Sole Proprietor | <input type="checkbox"/> | Joint Venture |
| <input type="checkbox"/> | LLC | <input type="checkbox"/> | Partnership / Limited Partnership | <input type="checkbox"/> | Non Profit |

Will you require electricity?

Will you be selling any goods/products?

Would you like to contribute an item to the door prize raffle?

| | | | | | |
|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | YES | <input type="checkbox"/> | YES |
| <input type="checkbox"/> | NO | <input type="checkbox"/> | NO | <input type="checkbox"/> | NO |

| | | |
|----------------------------------|------------------|------------------------------|
| REQUESTOR / VENDOR'S NAME | SIGNATURE | DATE REQUESTED / SENT |
| | | |

| | | | |
|--------------------------|------------------|----------------------|-------------------------------|
| INTERNAL USE ONLY | VENDOR ID | DATE RECEIVED | DATE PAYMENT PROCESSED |
|--------------------------|------------------|----------------------|-------------------------------|