Jackson Area Chamber of Commerce **Fall Festival**	**Vendor Application Form**

Applications will not be accepted the day of event.

Vendor's Name		
Contact Name		
Phone #	Cell #	
Email address		
Address		
City	State	Zip
Vendor Type		
Food Vendors list ALL items that you expect to sale:		

Power and water are available only on selected sites.
These sites will be available and assigned as applications are received.

Power supply needed (check one) ___30 amp ___50 amp ___120 amp ___240 amp

Water needed (Food Vendors Only) ____ Yes ____ No

Enter number of Vendor Spaces needed:

***Before* October 7**	***AFTER* October 7**
One 12 x 12 space = $ 75.00 _____	One 12 x 12 = $ 85.00 _____
Two 12 x 12 space = $125.00 _____	Two 12 x 12 - $145.00_____

Method of payment: _____ Check *(Make check payable to Jackson Area Chamber of Commerce)*
_____ Cash
_____ Credit Card *(visit www.jacksonalabama.org. Click on the "Event credit card payment" button for this option)*

I understand and agree that the Jackson Area Chamber of commerce is not responsible in any way for damage, loss, or theft, and I agree to all rules and regulation set forth by the contract.

Authorized Signature	**Date**

Received by Chamber on (date):	Amount Paid:	Method: