Happy Birthday USA Saturday, June 26, 2021 Vendor Registration Form

Contact:	Name of Business:			
Address	City:	State:	Zip:	
Cell Phone:	Email:			
Nebsite:		Texas Sal	es & Tax Number:	
tems Planning to Sell			_	
Electricity: Please describe elect	rical needs			
□Chamber Member: \$75.00 □N	lon-Member: \$100.00			
VENDORS WILL NOT BE AB	LE TO SELL FOOD			
Additional Information:				
Event Location: Camp Lang	ston RV Resort			
	Event Hours: Saturday, June 26 from 12pm-10pm. No cars will be allowed near event area during eventhours.			
 All shopping/craft vendor bo 	oth spaces are 10x10.			
	own tent, tables, chairs, etc. Su	ufficient tent tie dow	ns and weights are required.	
 Vendors are NOT able to s 	<u> </u>			
Vendors must provide their of the state				
 Absolutely no food, drinks of NO EXCEPTIONS WILL BE 	r candy can be given away to c E MADE.	crowds by any craft/	shopping vendors.	
without items for sale will no	t be accepted.		booths intended for displaying informatio	
	riate for family viewing. The eve		em listed on a vendor application which is nt to inspect booths at any time during the	
	able right to assign booth location			
			ne appropriate bins and returning the fit in the trash cans must be taken with	
<u> </u>	will result in losing your spo	_	<mark>/ent.</mark>	
•	ovided to vendors at time of co			
	or the reporting and payment o	of all sales/use tax a	applicable to your sales.	
 VENDOR FEES ARE NON- 	REFUNDABLE.			
Chamber of Commerce or Happy Bird	thday USA will not be responsil	ble for any injuries o	Langston or anyone associated with the or damages at the event. Each participar the participant's signature on this form.	
Media Release: I agree that business the vendor booth and business employed		lia advertising for th	ne event as well as any pictures taken of	
Signature:		_ Date:		
APPLICATIONS				
Email: events@mtpleasanttx.com	Chamber Office: 160	04 North Jeffersor	n Avenue, Mount Pleasant, TX 75455	
CONTACT AND PAYMENT INFO	ORMATION			
Please make checks payable to Mou		nber & Visitors		

Amount Paid:_____

Payment Type:____

INTERNAL USE ONLY:

Date Received: