

**Carroll County Chamber of Commerce
Small Business Saturday Vendor Application**

Event Date: 11/28/20 _____

Name: _____

Business/Organization: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Contact Person: _____

Contact Email: _____

Additional Information:

Tables will be limited. The first to register will have access to tables.

Electricity is limited. If you need electricity, please circle YES or NO.

All vendors are responsible for leaving a clean area once the event has ended.

Vendors shall exhibit a professional manners always.

Booth Cost: \$20 Chamber Member
 \$30 Non Chamber Member

Please complete this form and return to The Carroll County Chamber of Commerce/License Office, 1 S. Main St. Carrollton, MO 64633 along with your payment by November 20.

Signature: _____

Date: _____

Office Use Only

Date Paid _____

Cash _____

Check _____

 Check # _____