

Hometown Christmas Friday, December 7th Vendor Application

Date of Application: ___/__/



Name/Business	_	
Address:	City:	State: Zip:
Contact Person:		
Daytime Phone:	Evening Phone: _	
Email:		
Not For Profit For Profit ALL FOR PROFIT businesses must comply with Food & Beverage Tax, and are responsible for fi NOT FOR PROFIT vendors must supply a tax-e Product(s) to be sold:	any and all State and Local s ling the information with the a exempt ID number to be exem	ppropriate government agencies. pted from sales tax.
Will you need electricity?No`		
Crafters and vendors will be allow Set-up will start at 2:00 pm on Friday, De	ved to sell from 5 until 9 pecember 7th.	
Booth space will be approximately 10' X Size and # of tables you will be bringing		for booth area.
Vendor Fee: \$ 30.00 Application	s will be accepted on	a first come first served basis.
☐ Credit Card Expiration Date/	Security Code	

Please mail completed application and check made payable to:

Belvidere Area Chamber of Commerce 130 S. State Street, Ste 300 Belvidere, Illinois 61008 For information contact: Tom Lassandro (815) 544-4357, tlassandro@belviderechamber.com

Phone # Email:

Cardholder's Name:

Card Number: _____

Billing Address:

The Belvidere Area Chamber of Commerce and Hometown Christmas Committee is not liable for any damages or losses.

The Belvidere Area Chamber of Commerce and Hometown Christmas Committee

will not mediate franchise discrepancies.

_____ Zip Code: _____

Vendors must adhere to Boone County Health Codes and responsibility requirements.

A Health Permit is needed if you sell prepared or packaged food; Boone County Health Department (815) 544-2951.