## Fall Into Mackinaw Marketplace Vendor Application



Mackinaw City Chamber of Commerce
Central Avenue ● Mackinaw City ● October 12, 2019 ● 11-5pm

| Vendor Business Name:  |   |  |
|--|---|--|
| Description of merchandise/wares:  |   |  |
|  |   |  |
| Are you available to set-up from 10-11am, and load out from 5-6pm?   | Yes No  |  |
| I am a  ☐ Chamber Member- \$25.00  | □ Non-Member Business Operatin in Mackinaw City Village Limits- \$30.00 | <ul> <li>□ Non-</li> <li>□ Member Non-Profit</li> <li>501c3/501c6. I would like</li> <li>\$50.00</li> <li>to bring an easy-up tent</li> <li>and participate in the</li> <li>event- FREE</li> </ul> |
| It is vendor's responsibility<br>to bring a table, two chairs,<br>and decorations for the<br>space.  | □ 6ft   | □ 8ft  |
| Please indicate the size of your table. Table cannot exceed 8ft. Note: Local Non Profits may bring an easy-up tent and set-up in the festival area for free. | □ I need a table cover (add 5.00 to fee)                                | ☐ I have a table cover  Each booth should have a table cover. Please indicate if you have your own or will need one.   |

Please enclose payment. Make checks to Mackinaw City C of C. Booth Priority will be given in the following order: 1.

Members in good standing of the Mackinaw City Chamber of Commerce 2. Businesses operating within Village limits 3. Five tables will be reserved for harvest or produce items 4. Other applicants. Space is limited to 23 vendors. The Fall Into Mackinaw event committee reserves the right to select and refuse vendor for any reason. Application and Payment due by September 4, 2019. Vendors will be notified of approval no later than September 11, 2019. Mail or deliver to: MCC of C • 707 N. Huron Ave • P.O. Box 856 • Mackinaw City, MI 49701 (NOTE: APPLICATION CONTINUED ON REVERSE SIDE!)

| Applicant name (Individual in charge of booth):                  |  |                       |  |  |
|--|--|-----------------------|--|--|
| Local address:   |  | Fun For All Ages      |  |  |
| City   | State  | Zip                   |  |  |
| Local Phone:   | Cell:  | Fax:                  |  |  |
| Permanent address:   |  |                       |  |  |
| City   | State  | Zip                   |  |  |
| Applicant Date of birth:   | Driver's license #:                              | State:                |  |  |
| Name of business entity:   |  |                       |  |  |
| Owner of business (if differen                                   | nt than applicant):                              |                       |  |  |
| Is business incorporated?:                                       | ☐ Yes ☐ No If so, in what                        | State?:               |  |  |
| Date license would be valid: Sat                                 | urday, October 12, 2019                          |                       |  |  |
| Items for sale are:   Manufact                                   | ured D Produced D Otl                            | her, explain):        |  |  |
| Proposed location of goods to be                                 | e sold: <u>300 Block of East Central</u>         | Avenue, Mackinaw City |  |  |
| Has applicant ever been convicted If YES, state nature of offens | ed of a misdemeanor or felony? e and punishment: |                       |  |  |
| Signature of applicant   | <br>Date   |                       |  |  |