



1125 Pleasant Street, P. O. Box 632
Leominster, Massachusetts 01453

Business Vendor Application

Event:			
Event Date:			
Event Fee: \$500.00			
Application Deadline:			
Name of Business/Organization:			
Address:	City	State	Zip
Phone:	Cell Phone:		
Contact Person:			
E Mail:			
Website:			

1. Describe type of business you wish to bring to this event:

2. Are there any other details or information we may need to know pertaining to your exhibit/concession?

Application Fee

Please send check or Money Order payable in the amount of \$500.00 to the Friends of Sholan Farms.

The Friends of Sholan Farms reserves the right to deny any vendor application or exhibit/concession for failure to comply with all rules and regulations set forth in this document in the event that a specific exhibit/concession is a public safety concern or deemed inappropriate for the event. Refunds of entry fees will be paid in full for cancellations received 30 days prior to event.

Please return this form by:

**Friends of Sholan Farms
PO Box 632
1125 Pleasant Street
Leominster, MA 01453**

I/We have read and fully agree to the standards and specifications of this application for the participation in this Sholan Farms Event.

Authorized Person (Printed)	Signature	Date
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