

FALL FEST
VENDOR APPLICATION
SATURDAY, OCTOBER 15, 2022 12-6 P.M.

Name of Business or Vendor	
Primary Contact Name	
Address	
City/State/Zip	
Phone	
Cell Phone	
Fax	
E-mail	

Type of booth: Please explain type of merchandise sold or if you will be having an information booth, what type of information: _____

____ VENDOR space will be 10 x 10

**Make return to City of Marseilles, Lesley Hart 209 Lincoln St.
Marseilles, IL 61341**

POWER NEEDED

Yes

No

Signature _____

Date _____