

Signature of Authorized agent

## MHI. Mallace Memorial Frent

VENDOR APPLICATION

INFORMATION SUM	IMARY
Participating Vendor	
Contact Name:	
Mailing Address:	
E-mail Address	
Phone:	
Description of items for sale:	
Vendor Event Particip	vation Request
_	d in its entirety prior to the above vendor's participation in the event. Participants' signature is required on this
The WHL. Wallace Memorial	Event will post vendor times and access.
1. Vendor	r fees are waived for applications received and approve 90 days before the event
2. Vendo	r fees are: \$100.00
3. Vendo	r fees for applications received onsite are: \$250.00
will be assigned in the order	confirmed without the receipt of the enclosed and/or requested documents and full payment. Vendor locations we receive your completed paperwork and full payment. All food vendors must comply with La Salle County is limited, so please don't delay and possibly miss out on this opportunity.
Please do not hesitate to em working with you at the ever	nail: <b>gen_wallace@outlook.com</b> should you have any questions regarding this event. We look forward to nt.
	AFTER THE DEADLINE ABOVE, FORMS & PAYMENTS MUST BE RETURNED TO
	"Wallace-Dickey Cemetery Preservation Association NFP"
	P.O. Box 392; Ottawa, Illinois 61350
· ·	nnify and to hold the Ottawa Avenue Cemetery, FFA, and the Seneca High School harmless from any liability (including vith or arising out of the vendor's participation in the 2019 WHL. Wallace Memorial Event; Seneca, IL."

Information on this form must be submitted no later than 90 days prior to even date for early registration. After early registration, sutlers and vendors shall be subject to \$100 registration fee. All applications subject to review. Please return this form to event planning at <code>gen\_wallace@outlook.com</code>

Date: