

Town of Independence

Special Events Committee
136 East Main Street
P.O. Box 323
Independence, Virginia 24348

Name/Company: _____

Mailing Address: _____

City _____ State _____ Zip _____

Daytime Phone Number _____ E-mail address _____

Please describe what you will be selling at this event:

Please submit a picture of your items to be sold. (This is required in order for Application to be considered)

Number of spaces needed for retail sale: _____ @ 25.00 each = _____ (12 x 12)

Number of spaces needed for food vendors: _____ @ 75.00 each = _____ (12 x 20)

Food vendor electrical needs: Volts: _____ Amps: _____ (required info)

Please read the Information and General Policies attached to this application. Should you have any questions contact Mary Ann Halsey, Town of Independence: 276-773-3661 E-mail: maryann@independenceva.com

Signature of Applicant

Date

Signature: Your signature on this application indicates you agree to follow all guidelines during festivals.

PLEASE CHECK EVENT

- 4th of July Spring Bash
 Fall Foliage Other