

Postmark _____

Last Name _____

CORNWALL INDEPENDENCE DAY COMMITTEE

P.O. Box 542
Cornwall, NY 12518

Crafts & Service/Activity/Merchandise Vendor Application

PLEASE PRINT LEGIBLY

Name of Company _____

NYS Sales Tax # _____

Name Issued Under _____

Name _____

Street _____

City _____ State _____ Zip _____

Email Address _____ Phone # _____

Description of Crafts or Service/Activity/Merchandise (SAM): _____

10x10' Spaces - \$75

Make check out to CIDC and mail to address above.

Waiver of Responsibility

Vendors assume all risk of damage to their property and waive any claim against the Cornwall Independence Day Committee, its members or the Town of Cornwall. Further, vendors agree to hold harmless and indemnify the Cornwall Independence Day Committee, its members and the Town of Cornwall from use of the vendor site.

Signature: _____ Date: _____