

FAMILY DAY ENTERPRISES, INC.
"FAMILY DAY"
AUGUST 20st, 2011

ARTS AND CRAFTS VENDOR APPLICATION

We at *Family Day Enterprises* are really excited! The 26th *Family Day* will emphasize the **economic vitality** and opportunities within the *Greater Hartford Community*. We thank you for working with us to revive *Community Spirit* and *Keney Park*.

SETUP TIME: 8:00am SHARP!!!!

Badges, Parking Passes and Location assignments should be picked up on 8/19/11 Between 6pm and 8pm at the Woodland St Entrance to Keney Park.

Please Print All Information.

Business Name: _____

Type Of Business: _____

Licensed Vendor: YES () NO () # _____

Sale/Display Items: _____

Your Name / Contact Name: _____

Address: _____

Phone: _____ FAX: _____

E-Mail: _____

PLEASE SELECT SPACE SIZE YOU WILL NEED TO VEND. CHECK ONE BOX:

Free Standing Space: 100 Square Ft. or (10' by 10') Space:

Truck, Bus, or Business Vehicle (Space to Be Determined):

Booth Fee: \$125.00
(includes \$25.00 City of Hartford Fee)

(EVERYONE MUST BRING THEIR OWN TENT, TABLES / CHAIRS)

The Family Day Committees reserves the right to be selective and limit the number of spaces.

VENDING SPACE WILL BE RESERVED UPON RECEIPT OF CHECK OR CASH AND REGISTRATION FORMS.

DEADLINE DATE: AUGUST 1st, 2011. **A \$25.00 late fee will be charged after DEADLINE DATE.**

CHECK OR MONEY ORDER PAYABLE TO "*FAMILY DAY ENTERPRISES*"

ALL MONIES PAID ARE NON-REFUNDABLE AND NO CHECKS AFTER AUGUST 1ST 2011.

PLEASE MAKE SURE ALL TOTALS ARE CORRECT, THANK YOU.

SIGNED: _____ DATE: _____

SEND ATTACHED APPLICATION AND CHECKS TO:
"*FAMILY DAY ENTERPRISES*", P.O. BOX 1924, HARTFORD, CT. 06144-1924.

FOR FURTHER INFORMATION, PLEASE CALL VICTORIA CHRISTIE AT (860) 461-1362 or CELL
PHONE (860) 833-6379. PLEASE LEAVE DETAILED MESSAGE AT THE SOUND OF THE TONE.

ITEMS NOT LISTED ON APPLICATION CANNOT BE SOLD!!!

**PLEASE MAKE SURE TO FILL OUT
AND SUBMIT BELOW VENDING APPLICATION**



CITY OF HARTFORD
DEPARTMENT OF DEVELOPMENT SERVICES
DIVISION OF LICENSES AND INSPECTIONS
ITINERANT PEDDLER LICENSE APPLICATION



APPLICANT

Name	
Residential Address	
City ST ZIP Code	
Home Phone	
Business Phone	
Date of Birth	_____ Male / Female

VENDING FIRM

Owner	
Name of Business	
Business Location	
CT Sales Tax ID #	
Products vending	
If Food Vending: Health License #	
Annual/ Temporary	Dates of temporary events: _____
Are you self employed	Yes / No
Vehicle/ Pushcart	
Vehicle Make & Model and color	
License Plate #	

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am issued a license, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate revocation of my license. I further agree to abide by all Federal and State laws prohibiting the sale and use of illegal drugs and alcohol and I also understand that if I or any of my employees are arrested for sale or use of illegal drugs and alcohol that such arrest is grounds for immediate revocation of my license and notification to the State and Federal agencies.

Name (printed)	
Signature	
Date	