

6915 Buffalo Road East Bloomfield, NY 14469

## VENDOR APPLICATION FORM

Company Name:		
Address:	City/State/Z	ip:
Point of Contact Nam	e:	
Phone:	Vendor Website:	
Email:		
Tax ID #	Organization Type:_	
Business Insurance In	fo:	
Space Sizing Required	d:	
	••	naterials or services you will be providing at
lf yo	<b>u are a food vendor, please make</b>	sure you have your license on site
	Event Date is June	e 3rd, 2023
Authorized Signature:	:	Date Completed: