

# St. Mary's Shoals Park

## Special Event Vendor Application

### Applicant Information

Vendor/Business Name _____			
Contact Person _____	Non-Profit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Address _____			
City _____	State _____	Zip _____	
Phone Number _____	Email _____		

### About Your Products or Services

Associated Event _____
How many people will you have working this event? _____
Tell us in your own words about your products and/or services _____

### Official Use Only

Approved Date _____	Denied Date _____
Approved By _____	Reason for Denial _____
Signature _____	Date _____