

VENDOR APPLICATION

OUTDOOR COVERED SPOTS

First Name: _____ Last Name: _____

Phone number: _____

Business name: _____

Sales Tax ID REQUIRED (Please also provide a copy)

SALES TAX ID NUMBER: _____

Description of what you sell: _____

E-Mail: _____

Size of space requested

10x10 (\$75) _____ 10X20 (\$135) _____

If you need additional space please let us know! If you have any questions please email us!

Save and Email completed application to
mckthirdmondaytradedays@gmail.com or bring in paper copy.

Office hours: Monday, Wednesday, and Friday 10:30-4

Office Phone: 214-548-5806

Signature: _____ Date: _____