



P.O. Box 344
 Cedarburg, WI 53012-0344
 (262) 377-8412 • Fax (262) 377-7237
 E-mail: cedarburgmaxwellstreetdays@ymail.com

Vendor ID #: _____
Assigned Space(s): _____
Pass Received & No: _____
<i>for office use only</i>

2011 Application Request

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ E-mail _____

Phone _____ Driver's License # _____

SS# or Seller's Permit # _____ Business Name _____

Business Phone _____ Business Address _____

City _____ State _____ Zip _____

Description of items or specialty being sold _____

Please list PERCENTAGE of the main items that you are selling:

Antiques Collectibles Crafts Sports
 New Seasonal Other

I acknowledge and guarantee that I will be in my assigned space(s) for these 2011 dates:

May 29th _____ September 4th _____
 July 17th _____ October 2nd _____

By signing this application, I hereby agree that all the above information is true and correct. I also acknowledge that I have read the yellow page on backside of this application page containing the Restrictions, Requirements and General Information set forth by the Cedarburg Fire Department, Inc. and its Firemens' Park Special Events. I have received this page for my records and I agree to adhere to each of the requested or stated items during the above events as will any of my employees, associates or sellers in my space.

Requested and Signed by: _____ Dated: _____

For office use only:
 Accepted and Approved by: _____ Dated: _____ Entered in system: _____

*As an all Volunteer Non-Paid Fire Department we would like to
 Thank you for helping us keep our costs down and for your
 Continued support of our Biggest Fund Raising Events.*