



**SKIPPACK TOWNSHIP**

[www.skippacktownship.org](http://www.skippacktownship.org)

4089 Heckler Road - P.O. Box 164

Skippack, PA 19464

PHONE : 610-454-0909 - fax: 610-454-1385

**VENDOR APPLICATION**

Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Display/Merchandise: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event/Date: \_\_\_\_\_

Number of Spots Desired: \_\_\_\_\_

For an additional \$10.00 per spot, will you need electric? \_\_\_\_\_

Special Request(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If electric is needed, please bring an extension cord, or more than one, with you. If you have a generator, you are more than welcome to bring that to assist with your electrical needs. Please attach a copy of Montgomery County Food Handlers license, if applicable.

Please complete this form and mail to:

SKIPPACK TOWNSHIP  
PO Box 164  
Skippack PA 19474

**FOR OFFICE USE ONLY –**

PAYMENT DETAIL – VENDOR FEE \$50.00

Date Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_