Whitewright Area Chamber of Commerce



Saturday, November 4th, 2023 - 10:00 AM to 4:00 PM

CRAFT/COMMERCIAL/FOOD VENDOR APPLICATION

Business Name: Contact Name:

Mailing Address: _				
City:	State: _	Zip Code:	Phone:	
Email Address:		Tax ID#:		
	Tent/Canopy: Yes or N	lo Closed Back	Tent: Yes or No	
Number of Inside S	paces: x \$50 = Tot	tal Fee \$		
Number of Outside	Spaces: x \$25 = To	otal Fee \$		
*Inside Spaces are	limited and MUST be va	lidated by Karri Dono	no via text/phone call 903-422-9290	
	FOOD V	ENDOR APPLICATION	<u>ON</u>	
Business Name: _		Contact Name:		
Mailing Address: _				
City:	State: _	Zip Code:	Phone:	
Email Address:		Tax ID#:		
	Tent/Canopy: Yes or N	lo Closed Back	Tent: Yes or No	
Number of Food Ve	endor Spaces: x \$5	60 per Space = Total F	ee \$	
	<u>.</u>	ALL VENDORS		
List all merchand	ise or food to be sold	and any give-away i	tems:	

Mail Application with Fees to:

Pay Online Available at www.whitewright.org Go to Sponsor, Go down to OTHER and enter your information.