Town of Gate City 156 E. JACKSON ST. GATE CITY, VA 24251 276-386-3831 OFFICE 276-386-7789 FAX

 $\begin{array}{l} Town\ Manager-Greg\ Jones\\ townmanager@mygatecity.com \end{array}$



Mayor
Frances Perry
Vice Mayor
Roger Cassell
Council Members
Allan "Cotton" Roberts
Robin Richards
Ron Kindle
Wallace W. Ross Jr.

VENDOR LICENSE APPLICATION

Use a separate form for each event you wish to vend.

VENDOR INFORMATION:	Which Event would you like to vend? (Select One)
	Clinch Mountain Music Fest
Vendor Name	Kickin Back @ King Alley: Date:
	Tail Gate City
Contact Name	King Alleyween
Your Email	Christmas Open House
	Other:
Address, City, State, Zip Code	FREE – In Town Business &/OR 501(c) Civic Group
	In Town Resident = \$35.00
Contact Phone Number	Out of Town Resident/Business = \$50.00
What category describes your business?	
Food Vendor (List type of food below) General Entertainment	
Arts & Craft Vendor Comm	munity/Civic Related
Children's Games Appa	rel
Other:	
What are you selling? (Type of Food, description of crafts, type of service, etc)	
Do you need power?	Yes No
Please describe the appliances that you have that need power and/or specific power connection:	
, —————————————————————————————————————	