Vendor Application

Please provide a brief Description of what you would like to vend:

_____
_____
_____
_____
_____

- **All vendors must have written permission from property owner/manager before set-up. In some cases it may require permission from the Town of Kilmarnock***
- **All commercial vendors must have a special events license ($10) or a current Kilmarnock business license. If you need to obtain a business license from the Town of Kilmarnock, please call 804-435-1552, ext. 31.**
- **All vendors must collect and remove any trash or debris from line-up site, vendor space and/or parade route.**

*** A COPY MUST BE SUBMITTED WITH APPLICATION TO PARADE COMMITTEE.**

Non-Profit: and **Chamber Members:** _____ **$20 per 10x10 space**

For Profit and **Non-Chamber Members:** _____ **$25 per 10x10 space**

All Strolling Vendors: _____ **$30 per registration**

By signing this application, I agree that, if our unit application is accepted, all participants hold harmless the Lancaster by the Bay Chamber of Commerce and the Town of Kilmarnock for any incident/accident and certify that I have read, and distributed to all involved, the Rules & Regulations enclosed and will abide by them. I understand that failure to abide by these rules and regulations will disqualify vendors participation in the parade, as well as future parades. I also understand that the Kilmarnock Christmas Parade reserves the right to refuse or admit/invite any vendor.

Signature: _____

Date: _____

Amount Enclosed: _____

Return entry form with check or credit card information NO LATER THAN WEDNESDAY, NOVEMBER 25, 2015

(checks made payable to: Lancaster by the Bay Chamber)

Lancaster by the Bay Chamber, Attn: Anne Paparella
PO Box 1868 ◊ Kilmarnock, VA 22482
804-435-6092 ◊ 804-435-2291 Fax ◊ ***Emergency Contact Number Day of Parade 804-436-3638***
info@lancasterva.com

LANCASTER by the BAY CHAMBER
IRVINGTON•KILMARNOCK•LIVELY•WHITE STONE

Credit Card Payment Authorization Form

Please complete the following: *Date:* _____

Amount: _____ *Visa* _____ *MasterCard* _____ *AMEX*_____*Discover*_____

Name As It Appears on Credit Card:_____

Credit Card Billing Address:_____

Card Number: _____Exp. Date: _____ Security Code _____

Authorized Signature: _____

Telephone: _____

Comments: _____

Lancaster by the Bay Chamber ◊ P.O. Box 1868 ◊ Kilmarnock, VA 22482

804-435-6092 / 804-435-2291

info@lancasterva.com