



Salamanca Area Chamber of Commerce  
**33<sup>rd</sup> Falling Leaves Festival**  
**October 1-3, 2010**



**CIVIC VENDOR APPLICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

New York State Tax Number: \_\_\_\_\_ Ware: \_\_\_\_\_

**Area sizes are 10' x 10' and Civic Vendors must provide their own tables, tents, shelters, extension cords, etc.**

Electric needed? (Please indicate how much) Yes \_\_\_\_\_ No \_\_\_\_\_

I acknowledge that I have read the application and agree to abide by the enclosed rules and regulations governed by the Salamanca Area Chamber of Commerce (SACC). I understand that if I have misrepresented my merchandise or violate any rules and regulations, SACC reserves all rights of cancellation and disqualification without refund. I release the SACC from all responsibility for installing, protecting, selling, storing and removing my exhibit and merchandise. The SACC is not responsible for any items, property loss or damage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please make check payable and mail to:*

**Salamanca Area Chamber of Commerce  
26 Main Street  
Salamanca, New York 14779**

*If you have any questions or need more information, please contact Jenny Ingrao, Events Specialist, at 716-945-2034, [jenny@salamancachamber.org](mailto:jenny@salamancachamber.org).*