

Forms and payment due:  
October 1, 2019



October 18, 2019  
3-8 p.m.

## 2019 Business | Organization Entry Form

Name of Business | Organization: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

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

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

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

Website | Facebook: \_\_\_\_\_

Describe what you will be promoting | selling in 25 words or less:

\_\_\_\_\_  
\_\_\_\_\_

**The Buiness | Organization will need to provide their own tent for this event.  
Please indicate the size of the tent | the space needed for set up:**

\_\_\_\_\_

Will you require an electric hook up? (LIMITED)

YES

NO

Will you be providing/selling food?

Licensed

Vendor Permit -Health Dept.

Insured

Visit [calhouncounty.mi.gov/government/health\\_department/food\\_protection\\_program](http://calhouncounty.mi.gov/government/health_department/food_protection_program)  
for more information on permit and inspection.



Application Fee \$25 (Non-Refundable)

Cash

Check

Card

Payment information

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

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please complete this form and submit payment by October 1, 2019.

Return to:



Battle Creek Area  
Chamber of Commerce

Attn: Kayla McCarthy

34 West Jackson Street, Suite 3A

Battle Creek, MI 49017

Phone: 269.962.4076

Fax: 269.962.6309

Email: [kmccarthy@battlecreek.org](mailto:kmccarthy@battlecreek.org)

Website: [battlecreek.org](http://battlecreek.org)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date