



P.O. Box 344
Cedarburg, WI 53012-0344
(262) 377-8412 • Fax (262) 377-7237

| |
|----------------------------------|
| This application for Year: _____ |
| Vendor ID #: _____ |
| Assigned Space(s): _____ |
| _____ |
| Pass Given & No: _____ |
| <i>for office use only</i> |

Application Request

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ E-mail _____

Phone _____ Seller's Permit _____

Business Name _____ Driver's License # _____

Description of items or specialty being sold _____

I acknowledge and guarantee that I will be in my assigned space(s) for Events taking place in the following months.

May _____

September _____

July _____

October _____

By signing this application, I hereby agree that all the above information is true and correct. I also acknowledge that I have read the yellow page on the backside of this application containing the Guidelines, Information and Procedures set forth by the Cedarburg Firemen's Park, Inc. I have received a copy of this page for my records and I agree to adhere to each of the requested or stated items during the above events.

I acknowledge and agree to all the conditions regarding participation in Cedarburg Maxwell Street Days

Signed by: _____ Dated: _____

For office use only:
Accepted and Approved by: _____ Dated: _____ Entered in system: _____

*As an all Volunteer Non-Paid Fire Department we would like to
Thank you for helping us keep our costs down and for your
Continued support of our Biggest Fund-raising Events.*