



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

Application Year _____

Vendor ID _____

Assigned Space(s) _____

For Office use only

(return application to above address or email to cedarburgfiremenspark@gmail.com)

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip Code _____ Driver's License _____

Phone _____ E-Mail _____

Company Name _____

Seller's Permit or last 4 digits of social security number _____

Description of items sold _____

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

May _____ July _____ August _____ 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 Guidelines, Information and Procedures set forth by the Cedarburg Firemen's Park, Inc. I agree to adhere to each of the requested or stated items during the above events. A copy of this information is available in the Park Office. As a reminder there are ***no refunds*** after payment is made.

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

Signed by: _____ Date _____

As a volunteer Fire Department we would like to thank you

For helping us keep our costs down and for you continued

Support of our biggest fund-raiser

If payment for all 4 events is received by April 1st of the current year,

You can receive a 10% discount!!!!

*Guidelines, Information and Procedures can also be found online at www.cedarburgfiremenspark.com