



Limerick Fire Department

Business 610-489-2222

Emergency Dial 911

Vendor Space Rental Application

Company Information		
Company/Organization Name:		
Address:		
City:	State:	ZIP Code:
Website:	Email:	Phone:
Contact Information		
Contact:		
Title:	Phone:	Email:
Information		
Do you wish to sell items? YES or NO If so what:		
Do you need electric? YES or NO	Do you need water? YES or NO	Do you need a table? YES or NO
Standard Space available 10'x10' (If more is needed contact us)		
Have you been a vendor in the past? YES or NO If so when:		
Do you wish to be a sponsor? YES or NO		
Rates		
1 Night: \$75	2-3 Nights: \$150	4-5 Nights: \$250
How many nights do you wish to come out: Tues: ____ Wed. ____ Thus. ____ Fri. ____ Sat. ____		
Description		
Agreement		
I understand this does not guarantee my company a vendor space at the Limerick Fire Department Carnival, ALL applications are subject to review and may be rejected due to any reason. You will be contacted by a Limerick Fire Department representative if your application is approved.		
Signature of applicant:		Date:

LIMERICK FIRE DEPARTMENT USE ONLY:

Approved: _____ Date: _____

Payment Received By: _____ Date: _____

Rev: 3/19