



For office use only	
Date Paid	_____
Amount Paid	_____
CK #	_____ Cash
Visa	MC Amex
TVE Ins.	_____ Vendor Ins.

2019

Outside Food Vendor Application

Please print/Type and return with payment

Business Name _____

Contact Person _____ Phone _____

Mailing Address _____

City _____ ST _____ Zip _____

Email Address _____

Product(s) to be sold/Exhibited _____

*All Booth spaces are **20X20**- Your complete set-up including tongue must fit within this measurement-**NO EXCEPTIONS***

Booth Rates-\$400.00 per 20'X20' Space Plus 10% Commission on all sales to TVE (5% Non Profit Groups)

Make checks payable to TVE or may pay with credit card via phone

Applicants Signature: _____ Date _____

Please return to: TVE- Vendor Committee

P.O. Box 9047 Liberty, TX 77575 936-336-7455

Application Deadline- July 26, 2019