



**Moonlight Magic Vendor Application**

Shelburne Falls, MA · Friday, November 24, 2017 · 4 – 9pm

Set-up begins **NO EARLIER THAN** 3 pm.

Vendors will be assigned a 10x10 space on Bridge Street or Deerfield Ave.

**Hard Deadline for receipt of this form: Friday, November 10, 2017**

Name (please print): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home/Work phone: \_\_\_\_\_

**Type of permit requested** (all provided by vendor): Table \_\_\_\_\_ Cart \_\_\_\_\_ 10x10 Tent \_\_\_\_\_

Other (please specify) \_\_\_\_\_ Generator (low noise only): \_\_\_\_\_

**Product or service to be sold or presented:** \_\_\_\_\_

*(Note: if you are a food vendor, the Board of Health may ask to see required documentation – ServSafe Certification, etc.)*

If you have a preference for your location, please tell us where you'd like to be assigned and we will do our best to accommodate: \_\_\_\_\_

**Other comments?**  
\_\_\_\_\_  
\_\_\_\_\_

**Vendor Category & Fee – No Refunds** (please check one):

Non-profit GSFABA Member \$10 \_\_\_\_\_ For Profit GSFABA Member \$40 \_\_\_\_\_

Non-profit Non-GSFABA Member \$20 \_\_\_\_\_ For Profit Non-GSFABA Member \$75 \_\_\_\_\_

**CHECK OR MONEY ORDER:** Make out to GSFABA and mail, along with this application, to:

GSFABA, PO Box 42, Shelburne Falls, MA 01370

**CREDIT CARD:** MC \_\_\_ Visa \_\_\_ Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code: \_\_\_\_\_ Zip Code of address where you receive your credit card bill: \_\_\_\_\_

Name on Card \_\_\_\_\_

The Greater Shelburne Falls Area Business Association issues permits for sales and services for the Moonlight Magic event. The GSFABA provides event coordination of vendor location and facilities vendor promotion. The GSFABA assumes no liability arising from the activities, sales, or promotion by the vendor. Vendor assumes all liability for the product, service, and establishment and use of the vending equipment and site.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return completed application to:**

Greater Shelburne Falls Area Business Association, PO Box 42, 75 Bridge St, Shelburne Falls, MA 01370

Phone: 413-625-2526 Email: shira@shelburnefalls.com

For more information go to: www.gsfaba.org and www.shelburnefalls.com

**You will be notified upon receipt. Complete instructions for vendors will be sent to you via email.**