



# Moonlight Magic Vendor Application

Shelburne Falls, MA · Friday, November 23, 2018 · 4 – 9pm

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

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

**Hard Deadline for receipt of this form: Friday, November 9, 2018**

Office Use  
Assigned Space

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

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

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

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

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

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.)*

**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 \_\_\_\_\_

Type of permit requested (all provided by vendor):

Table \_\_\_\_\_ Cart \_\_\_\_\_ 10x10 Tent \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Will you have a generator? (low noise only) \_\_\_\_\_

If you have a location preference, tell us where you'd like to be assigned and we will do our best to meet your request:

**CHECK OR MONEY ORDER:** Check # \_\_\_\_\_

Make out to GSFABA and mail, along with this application, to: GSFABA, PO Box 42, Shelburne Falls, MA 01370

**CREDIT CARD:** Amount Authorized to Charge: \$ \_\_\_\_\_ MC \_\_\_ Visa \_\_\_ Amex \_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card \_\_\_\_\_ Zip Code of Billing Address: \_\_\_\_\_

**Other comments?**

\_\_\_\_\_  
\_\_\_\_\_

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

Contact: Kara Cavanaugh at Phone: 413-625-2526 or Email: [info@shelburnefalls.com](mailto:info@shelburnefalls.com)

For more information go to: [www.gsfaba.org](http://www.gsfaba.org) and [www.shelburnefalls.com](http://www.shelburnefalls.com)

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