



## Vendor Registration Form (BAYFEST)

Please Print:

Date: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

Description of Products: \_\_\_\_\_

Are you licensed? \_\_\_\_ Yes or \_\_\_\_ No (**provide proof of state required license**)

**If you have any questions contact King Kindred 561-914-0930. Please email events@southbaycity.com, mail or hand deliver to City of South Bay 335 SW 2<sup>nd</sup> Ave, South Bay, FL 33493. Call City Hall for Fee listing 561-996-6751**

\_\_\_\_\_  
**Applicant** **Date**

\_\_\_\_\_  
**Staff** **Date**

\_\_\_\_\_  
**Event Location** **Event Date** **Approved** \_\_\_\_ **Not Approved** \_\_\_\_

**Please submit payment to Finance Department: Money order, Cash, Check or Credit Card.**