



SKIPPACK TOWNSHIP

4089 Heckler Road · P.O. Box 164

Skippack, PA 19474

PHONE: 610-454-0909 · FAX: 610-454-1385

www.skippacktownship.org

SKIPPACK TOWNSHIP

VENDOR APPLICATION

Name: _____

Business Name (if applicable): _____

Street Address: _____ City, State: _____ Zip Code: _____

Phone (Daytime): _____ Phone (Evening) _____

Fax: _____ Email: _____

Description of Display/Merchandise: _____

Event/Date: _____

Number of Spots Desired: _____

For an additional \$10.00 per spot, will you need electric? _____

Special Request(s): _____

If electric is needed please bring an extension cord with you (maybe even a couple)! If you have a generator, you are more than welcome to bring that to assist with your electrical needs also please attach a copy of Montgomery County Food Handlers license, if applicable.

*Please fill out this form and mail it to:

SKIPPACK TOWNSHIP

P. O. Box 164

Skippack, PA 19474

**FOR OFFICE USE ONLY—DO NOT WRITE
IN BOX**

PAYMENT DETAIL - VENDOR FEE \$50.00

Date Rec'd: _____

Check #: _____

Cash: _____