



## **Vendor Information Needed**

<b>Business Name:</b>				
Type of Busines	s/Produ	cts Solo	l:	
For Profit:	Yes	No	N/A (circle one)	
Not for profit:	Yes	No	N/A (circle one)	
Craft Vendor:	Yes	No	N/A (circle one)	
Primary Contac	t Name:			
Phone number:				
E-mail:				

Please complete this form and e-mail it to rlaskowsky@brooklynohio.gov to register your business in our Fall Fest event today!

