



Vendor Agreement

Vendor Information

Name (as you would like it to appear): _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Please select your type of vendor:

Arts and Crafts

Business

Food

Other

Drink

Please return the following form or for more information:

City of Erlanger, Attn: Kim Wolking

505 Commonwealth Ave. Erlanger, KY 41018

jessica.fette@cityoferlanger.com

The Community Gathering For the Entire Family!