



2009 VENDOR APPLICATION

December 5 & 6, 2009

APPLICATIONS MUST BE RECEIVED BEFORE SEPTEMBER 1, 2009, TO RECEIVE THE \$50 DISCOUNT.

PLEASE PRINT IN INK OR TYPE.

Submit **COMPLETED** application to Galveston Historical Foundation, Events Dept., 502 20th Street, Galveston, Texas 77550.

Name _____ Contact Person (if different) _____
 Company Name or Non-Profit Organization (if applicable) _____
 Address _____
 City _____ State _____ Zip _____
 Phone (Day) _____ (Evening) _____ (Cell) _____ Fax _____ E-Mail _____
 *Texas State Sales Tax Permit Number (required) _____
 Proposed Booth Name (e.g. Victorian Thymes or Fagin's Flowering Onion) _____
 Product Category (circle one) **Craft** **Food** (on-site cooking) **Food** (non-cooking)
 Product Description* _____
 Type of Cooking Equipment (for food vendors) _____
 Vendors Assigned (by GHF) location _____ (If applicable) Last years Location _____ (Booth No.)
 Number of people working in booth each day _____
 Number of Years as Dickens Vendor _____ Last year of participation (if applicable) _____
 Narrative (brief description for use in festival program) _____

Please enclose **photos, samples, and/or slides** of your product, if not previously submitted. **Also, enclose photos and/or sketches of your proposed booth/cart display, sign, and costume. This is required for approval.** (Once sketches are approved, photographs must follow.) Photos, slides, sketches, and samples cannot be returned.

VENDOR FEES

(Must accompany application)

	Before Sept. 1	After Sept. 1	Total
_____ Craft vendor space	\$250	\$300	\$ _____
_____ Food vendor space (on-site cooking) \$675		\$725	\$ _____
_____ Food vendor space (non-cooking) \$300	\$300	\$350	\$ _____
_____ Galveston non-profit	\$50 off above prices	\$50 off above prices	\$ _____
_____ GHF Booth Rental Fee (\$200 plus \$100 deposit) _____ GHF Cart Rental Fee (\$50 plus \$100 deposit)			\$ _____
_____ Dickens Trademark Fee (\$250)			Total Enclosed \$ _____
_____ My check is enclosed. (make checks payable to Galveston Historical Foundation.)			
_____ Please charge to my:			
_____ American Express _____ VISA _____ MasterCard _____ Discover			

Credit Card No. _____ Plus the 4 digit number above and to the right of the AMEX (CC No.) Or the 3 digit number on the back of the card on **VISA, MASTER CARD AND DISCOVER CARDS.**

Expiration Date _____ Signature _____

**Choice of vendor products and spaces will be honored on a first come, first served basis.*