

2019 Handmade Goods Application

This form is for all vendors who sell products or services that are handmade by the person vending the products.

Please return completed form by emailing Shirley Schultz, sschultz@owatonna.org or Emily Volkmer, evolkmer@owatonna.org. You may also mail the form to or mail to: Shirley Schultz, Owatonna Area Chamber of Commerce & Tourism, 320 Hoffman Dr., Owatonna, MN 55060.

	Name (First and Last):				Company Name:				
Mailing Address:Email Address:			City:	Sta	te: Zip:	Zip:			
Which of the Downt	own Thursday Event	Days are you	ı available to a	ttend? (Please	check all that ap	oply):			
	□ June 6 th	_ July :		☐ August 1 ^s					
What category of pr	oducts do you vend?								
•	☐ Yarn and Textile☐ Drawings/Painti		☐ Jewelry	☐ Soaps	☐ Pottery	☐ Paper Goods			
	ify):	•							
Does your booth req	uire electricity? If ye	s, describe th	ne amount of e	electricity you v	will need:				
· 	size? 10' X 10					rea			