

Non-Profit Vendor Application

This form is for all nonprofit vendors. You may have activities and/or products at your booth. Please return completed form by emailing to Lisa Cochran, lcochran@owatonna.org or mail the form to: Lisa Cochran, Owatonna Area Chamber of Commerce & Tourism, 120 S. Oak Ave., Owatonna, MN 55060.

Your Organization and Contact	t information:				
Contact Name (First and Last):		Organization Name:			
Mailing Address:		City:		State:	Zip:
Email Address:		Cell Phone #:			(For use on Downtown Thursday Dates
Which of the Downtown Thurs	sday Event Dates w	ould you like t	o atten	d?	
June 6July 11		August 1		Sept	ember 5
What category of products do	you want to vend	at Downtown 1	Γhursda	y, if any?	
Clothing/Footwear Bool Other (please specify):	•				Home goods
Does your booth require elect What is your booth size? Any other information about y	10' X 10' Tent	10′ X 20′		Truck or Traile	
 Your complete applica You have received a complete With the confirmation Downtown Thursday expression 	s specified above. Now are no You are no tion has been rece onfirmation email femail, each busines yent. The Friday be	We appreciate of the control of the	your pa s a vend amber a ran, Mai he Vend ot, partic	rticipation in D lor until: nd approved. inStreet Direct dor Guidebook cipants will rece	Downtown Thursdays!
Signature					