

**TOWN OF MEDICINE PARK
VENDOR APPLICATION FOR MPEDA FESTIVALS**

Festival Name _____

Check your booth size, electrical needs and preferred location:

Main Stage Area ___ 10'x10'/\$180.00 ___ 10'x20'/\$240.00 ___ 10'x 30'/\$300.00

All Other Areas ___ 10'x10'/\$140.00 ___ 10'x20'/\$170.00 ___ 10'x30'/\$200.00

**Requests for more than 110 electricity _____ \$25.00
(Please bring your extension cords and 3-prong RV plug-ins!)
(Food Vendors – don't forget to include a copy of your Health Permit)**

*Please include payment with application and sales tax documentation, and mail to:.
MPEDA Events, PO Box 437, Medicine Park, OK 73557*

BUSINESS INFORMATION:

OTC Sales Tax # _____ FEIN # _____ SSN # _____
(OTC, FEIN or SSN MUST be included or your application will not be accepted.)

Business Name _____ Phone() _____

Business Address _____ City _____ State/Zip _____

Mailing Address _____ City _____ State/Zip _____

Email _____ Type of Goods Sold _____

APPLICANT INFORMATION:

Name _____ State Driver's License# _____

Contact Phone/Cell # () _____ License # of Business Vehicle _____

I, the undersigned applicant, attest that the above information is true and correct and that I am responsible for collecting, reporting and paying all applicable State Sales Taxes. Additionally, I acknowledge that if I fail to fulfill my obligation to attend the festival without sufficient notice to the Town of Medicine Park, I forfeit my booth fee and cannot have my application transferred to any future festivals.

Signature _____ Date _____

MPEDA Representative _____ Date _____

Paid _____ *Date* _____ *Vendor Location* _____