



2024 Allentown Veg Fest Craft/Exhibitor Vendor Application

Contact Information

Business Name	
Main Contact	
Email Address	
Street Address	
City, State, Zip	
Website	
Cell Phone (required)	
Description of Business, Items for Sale & Price Point	
Returning Vendor (Y/N)	

Vendor Participation Fee

Vendor Pricing	Fee	Your Cost
Exhibitor / Craft Vendor with items for sale – 10x10 Space	\$100	
Additional Space in 5 feet increments	\$50 (each)	

Total:

If for some reason you cannot provide your own electricity, please contact us prior to event.

Payment due upon acceptance.

Payment is required in order to hold your space; failure to pay within one business week of acceptance will cause the forfeiture of your space.

Other Costs: All vendors must have a 2024 City of Allentown Business Registration License; cost is \$35 made payable to the City of Allentown Bureau of Revenue & Audit. Form is attached.

I agree to pay the above cost(s) to be a vendor at the Allentown Veg Fest once accepted. Payment required in full upon acceptance.

Signature _____ Date _____



2nd Annual Allentown Veg Fest
Saturday, April 27th, 2024; 11am-6pm
Craft/Exhibitor Vendor Requirements

Festival Info

Come and join us for Allentown's Vegfest - the event to promote health-conscious and eco-friendly living! We will be hosting at Cedar Beach Park dedicated to celebrating clean energy, healthy lifestyles, and plant-based food. Enjoy delicious vegan and vegetarian cuisine, music, and entertainment, as well as activities, games, and workshops to help you learn more about living a healthy and sustainable lifestyle. Don't miss this opportunity to connect with like-minded individuals and to make a positive impact on your health and the environment with the Allentown Chamber of Commerce! If you would like to participate, please complete this form.

When: April 27, 2024, from 11am until 6pm

Where: Cedar Beach Park (2600 Parkway Blvd, Allentown, PA 18104)

The committee of the Allentown Veg Fest will review all applications and select all appropriate vendors - space is limited. Applications should be submitted to Vaughan Bryant at vaughanb@lehighvalleychamber.org. Final payment MUST be received once approval is granted.

In order for your application to be complete, payment is due upon acceptance as a vendor. We can process credit cards over the phone or you can mail a check for the total of all fees made out to:

- **The Greater Lehigh Valley Chamber of Commerce Foundation**
- Please mail to Vaughan Bryant at Greater Lehigh Valley Chamber of Commerce, 840 Hamilton Street, Suite 205, Allentown, PA 18101

The Allentown Chamber of Commerce does not guarantee your financial success at this event and vendor fees are non-refundable for any reason. The event is rain or shine.

On the day of the event, vendors must be set up no later than 9:30 a.m.

Business Liability Insurance is required; please include proof with this application. Please sign and return the Liability Agreement included with this application. Vendors who do not complete the Liability Agreement will not be permitted to operate at Allentown Veg Fest.

All vendors must complete the "City of Allentown Business Registration Questionnaire" through the City of Allentown. See pages 4-7. You will return this form required fee of \$35 to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton Street, Room 215, Allentown, PA 18101.

Booth Info

Each vendor is assigned to a 10 x 10 space. If additional space is needed, please contact Vaughan Bryant.

Vendors are required to weight tents. **Please describe your booth setup, including dimensions, special needs, etc. Use separate sheet if needed.**

I have read the above information and agree to all requirements to be a vendor at the Allentown Veg Fest.

Signature _____ **Date** _____



Vendor Liability Agreement:

Vendor, as defined below, wishes to participate as a vendor or associate in the 2024 Allentown Veg Fest at Cedar Beach Park in Allentown PA (the "Event"). Vendor agrees to accept all liability and responsibility for any personal injury, property damage, loss, theft or any other harm suffered by myself or others arising from or otherwise incident to my participation in the Event.

_____ on behalf of its heirs, executors, assignees, and/or successors in interest, and on behalf of any employees, contractors, directors, subsidiaries, affiliates or invitees (the "Vendor") hereby agrees to indemnify, hold harmless and release The Greater Lehigh Valley Chamber of Commerce, the City of Allentown, and its officials, directors, employees, agents, volunteers, sponsors, affiliates and subsidiaries from and against all suits, claims, demands and losses including costs, expenses and attorney's fees incurred as a result of any act or omission, negligence or misconduct of the Vendor during the Event or otherwise arising out of this Agreement.

- If you have liability insurance check here ()
- If so, provide certificate of insurance naming the Greater Lehigh Valley Chamber of Commerce and the City of Allentown as additionally insured.
- What is the amount of your liability insurance? _____ (minimum \$500,000)
- Vendor hereby agrees that it shall maintain liability insurance in the amount and type set forth above throughout the term of this Agreement and during the Event.
- What is the type of liability insurance?

By signing this Agreement, the Vendor/Participant hereby requests the Greater Lehigh Valley Chamber of Commerce and City of Allentown to reserve vendor space at the 2024 Allentown Veg Fest and affirms it has read, understands and agrees to all terms and provisions of this Agreement.

Signed: _____

Date: _____

Print Name: _____

**CITY OF ALLENTOWN
IN-CITY BUSINESS APPLICATION**

GENERAL INSTRUCTIONS: Complete all sections of the Business License application, answering all questions in full. All applicants must complete Signature Section C. Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

Section A: This section must be completed for an Incorporated business or by persons who are Self-Employed and by **each Partner** of an unincorporated business. Additional copies of this form are available upon request and on-line at:
www.allentownpa.gov

Business Name		Federal EIN Number	
Legal Name (if different than Business Name)		Business Web Address	
Sole Proprietor or Partner Name		Social Security Number	
Physical Business Address (Do not use PO Box)		Allentown PA	Zip
		Business Phone	
Mailing Address for ALL Business related forms	Contact Person	E-Mail Address	
	Street or PO Box	City	State Zip
Indicate Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other*:	Business Classification: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Rental Nature of Business: (detailed description)		

LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS

Name & Title	Home Address (No PO Box)	Social Security No.	Home Phone
City or Township/School District where you reside?		Date Business Started in City of Allentown	
Date Business Incorporated	State of Incorporation	Do you, or will you, have amusement devices? <input type="checkbox"/> NO <input type="checkbox"/> YES, # of Devices _____	
Number of Employees (if Sole Proprietor do not count yourself in this number)			

LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS

Business Name	Account No (QW, MW, EW, SP, RE)

Section B: This section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

Tax Preparer Information	Name:	Telephone No.
	Address:	
	City	State Zip+4
Principal Bank Information	Name:	Telephone No.
	Address:	
	City	State Zip+4

Section C: I hereby certify that the above information and statements are true and correct. I understand that Approval for the above business is contingent upon my compliance with the following departments: Revenue & Audit Bureau, Zoning, Recycling, Fire and Health (where necessary).

Signature	Title:	Date
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*Non-Profit Organizations: The City requires a copy of your 501C (IRS non-profit letter)

EDEN Customer #	Business Account #
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CITY OF ALLENTOWN
 IN-CITY BUSINESS APPLICATION (SIDE 2)
 - CITY OF ALLENTOWN USE ONLY -

ZONING APPROVAL & RESTRICTIONS (if any):

Date Approved

RECYCLING APPROVAL & RESTRICTIONS (if any):

Date Approved

FIRE APPROVAL & RESTRICTIONS (if any):

Date Approved

HEALTH APPROVAL & RESTRICTIONS (if any):

Date Approved

- REVENUE & AUDIT USE ONLY -

- BUSINESS APPLICATION INFORMATION -

Business Account No.		Business Privilege Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ref. or Partner Acct. No.
Real Estate Account No.		Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Commercial EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amusement Tax Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	S.I.C. code
Commercial LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Amusement Devices	<input type="checkbox"/> <input type="checkbox"/>	New For: Qtr. Yr.
Self-Employed EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recycling Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	City Start Date:
Self-Employed LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trash Hauler's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work PSD Code
Processed By:		Reference Only Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live PSD Code
Process Date:		Incorporated Date:		Incorporated State:

**CITY OF ALLENTOWN
OUT-OF-CITY BUSINESS APPLICATION**

GENERAL INSTRUCTIONS: Complete all sections of the Business License application, answering all questions in full. *All applicants must complete Signature Section C.* Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

Section A: This section must be completed for an Incorporated business or by persons who are Self-Employed and by **each Partner** of an unincorporated business. Additional copies of this form are available upon request and on-line at:
www.allentownpa.gov

Business Name		Federal EIN Number	
Legal Name (if different than Business Name)		Business Web Address	
Sole Proprietor or Partner Name		Social Security Number	
Physical Business Address (Do not use PO Box)		Zip	Business Phone
Mailing Address for ALL Business related forms	Contact Person	E-Mail Address	
	Street or PO Box	City	State Zip
Indicate Type of Entity: [] Sole Proprietorship [] Partnership [] Corporation [] S-Corp [] LLC [] Other*:	Business Classification: [] Wholesale [] Retail [] Service [] Manufacturing [] Rental Nature of Business: (detailed description)		

LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS

Name & Title	Home Address (No PO Box)	Social Security No.	Home Phone

City or Township/School District where you reside? _____ Date Business Started in City of Allentown _____

Date Business Incorporated _____ State of Incorporation _____ Do you, or will you, have amusement devices?
Number of Employees (if Sole Proprietor do not count yourself in this number) _____ [] NO [] YES, # of Devices _____

LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS

Business Name	Account No (QW, MW, EW, SP, RE)

Section B: This section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

Tax Preparer Information	Name:	Telephone No.
	Address:	
	City State Zip+4	
Principal Bank Information	Name:	Telephone No.
	Address:	
	City State Zip+4	

Section C: I hereby certify that the above information and statements are true and correct. I understand that Approval for the above business is contingent upon my compliance with the following departments: Revenue & Audit Bureau, Zoning, Recycling, Fire and Health (where necessary).

Signature	Title:	Date
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*Non-Profit Organizations: The City requires a copy of your 501C (IRS non-profit letter)

EDEN Customer #

Business Account #

CITY OF ALLENTOWN
 OUT-OF-CITY BUSINESS APPLICATION (SIDE 2)
 - CITY OF ALLENTOWN USE ONLY -

ZONING APPROVAL & RESTRICTIONS (if any):

Date Approved

RECYCLING APPROVAL & RESTRICTIONS (if any):

Date Approved

FIRE APPROVAL & RESTRICTIONS (if any):

Date Approved

HEALTH APPROVAL & RESTRICTIONS (if any):

Date Approved

- REVENUE & AUDIT USE ONLY -

- BUSINESS APPLICATION INFORMATION -

Business Account No.		Business Privilege Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ref. or Partner Acct. No.
Real Estate Account No.		Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Commercial EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amusement Tax Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	S.I.C. code
Commercial LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Amusement Devices	<input type="checkbox"/> <input type="checkbox"/>	New For: Qtr. Yr.
Self-Employed EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recycling Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	City Start Date:
Self-Employed LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trash Hauler's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work PSD Code
Processed By:		Reference Only Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live PSD Code
Process Date:		Incorporated Date:		Incorporated State: