

Jacksonville Main Street Vendor Application



Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Items you will be selling:

Date: _____ Event Name: _____

Number of (10x10) spaces required at \$30 each _____

Do you require electricity (one 20 amp outlet) _____

TOTAL: \$ _____

-If you can provide a generator please do so as electric is limited.

-Food trucks that are longer do not need to pay for extra spaces.

Make checks payable to Jacksonville Main Street and mail to
Jacksonville Main Street
PO Box 152 Jacksonville, IL 62650

I _____ (print name), understand that I am choosing to participate in Jacksonville Main Street's event at my own risk and that neither Jacksonville Main Street, the City of Jacksonville, nor Morgan County accepts liability or responsibility regarding merchandise or personal injury for this event. I acknowledge I have read the rules, comply with applicable regulations, and carry appropriate insurance coverage.

Signed: _____ Date: _____

Questions to Melissa Zoerner (217)473-5081
events@jacksonvillemainstreet.com