



PEOPLE UNITED for ARMSTRONG PARK
www.armstrongpark.org

JAZZ IN THE PARK VENDOR APPLICATION

DATE: _____

OWNER NAME: _____

MANAGER NAME (if different than owner): _____

NAME OF COMPANY / ARTIST NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PRIMARY PHONE NUMBER: _____

SECONDARY PHONE NUMBER: _____

TAX ID #: _____

DO YOU HAVE A VALID CITY/STATE VENDOR PERMIT? YES [] NO []

IF YES, PROVIDE YOUR VENDOR PERMIT # or EIN / TAX ID #: _____

DO YOU HAVE LIABILITY INSURANCE ON YOUR COMPANY? YES [] NO []

IF YES, PROVIDE THE INSURANCE COMPANY NAME + ACCT

#: _____

VENDOR PRODUCTS:

*In the space below, please describe, in detail, the products and/or services you intend to have for sale. This includes listing several examples, how each is made, where the ingredients/components are sourced, how they will be presented to festival patrons. NOTE: general responses here such as "BBQ" or "food" or "art" or "clothing" will not be accepted! Only applications with specific product descriptions will be considered. Food vendors MUST list ALL food items you wish to sell.

SUBMISSION: Please return this completed form, with a minimum of [2] attached photos of your vendor booth in action at another location and/or close-ups of your product displays, by snail mail to: **People United for Armstrong Park, ATTN: Jazz in the Park Vendor Coordinator;**
P.O. Box 741486, New Orleans, LA, 70174-1486. OR Email to: info@pufap.org ATTN: Vendor App.