



CITY OF IOWA COLONY

VENDOR NAME: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PRODUCT CATEGORY: _____ CRAFT _____ FOOD _____ OTHER – PLEASE SPECIFY _____

PLEASE PROVIDE A GENERAL DESCRIPTION OF THE TYPES OF ITEMS YOU WILL BE SELLING:

IF YOU ARE A FOOD VENDOR PLEASE TELL US THE EXACT MEASUREMENTS OF YOUR TRUCK,
TRAILER, OR TENT: _____

FOOD AND CRAFT VENDORS CAN SET UP FROM 4 P.M. TO 9:15 P.M.

VENDORS CAN STAY DURING THE FIREWORKS BUT THEY WILL NEED TO PROVIDE THEIR OWN LIGHTING.

VENDORS MUST PROVIDE THEIR OWN POWER

HEALTH INSPECTIONS WILL BE DONE THE DAY OF THE EVENT FOR FOOD VENDORS

FORMS SHALL BE SUBMITTED TO RACHEL@IOWACOLONYTX.GOV BY JUNE 1ST FOR CONSIDERATION