



SHOP-A-LATTE VENDOR APPLICATION

Saturday, November 14th, 2026 10am-2pm

This Sip & Shop style holiday event at the Clarence Senior Center is a great opportunity for local artists, crafters and drink/snack vendors to have a space to sell items to the local community for the upcoming holidays.

Your name: _____

Company Name: _____

Address: _____

Best phone to reach you: _____

How do you prefer to be contacted: Phone call Text Email

Email: _____

Description of your products/services: _____

of CHAIRS: _____

of TABLES: _____ 6' table: \$25.00 each

_____ 3'x3' table: \$20.00 each

Do you need an electrical outlet?: YES NO

Special instructions:



Vendor Agreement

Shop-A-Latte is held at the Clarence Senior Center (CSC), a facility owned and maintained by the Town of Clarence. Designated CSC staff will be present during the event and are responsible for the building while it is in use. Staff have final authority regarding facility use and any situations that may arise. Attendance must remain within the safe capacity limits of each room.

Vendors are expected to leave their assigned area clean and in the same condition in which it was found.

- Items may not be attached to walls or floors.
- Any sharp edges or materials that could damage flooring must be properly covered.
- Mechanical equipment or structural materials may not be brought into the building or connected to electrical service without prior approval from the Executive Director.
- Please indicate in advance if you require access to an electrical outlet.

The CSC is not responsible for items left unattended or stored in the building.

Smoking is not permitted inside the building. Open flames, including candles, are not allowed.

Full payment is due by October 23, 2026. Reservations cannot be held without full payment. Payments may be made by cash or check payable to Clarence Senior Center. A \$25 fee will be applied to any returned check.

Parking is subject to the regulations of the CSC and the Town of Clarence. Center staff reserve the right to enforce all parking guidelines.

By signing below, I acknowledge that I have read and agree to abide by the Vendor Agreement and all event policies. I understand that no other verbal representations by either party are part of this agreement. I certify that the information provided is accurate to the best of my knowledge.

Date

Print Name

Signature

Please return a signed copy with payment to:
The Clarence Senior Center
4600 Thompson Rd.
Clarence, NY 14031

Make check payable to Clarence Senior Center.

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STAFF ONLY: Payment Received: _____ Cash: _____ Check #: _____