

Touch a Truck ~ Feed a Family
Saturday, October 5, 2019
11 AM to 3 PM



LONGVIEW
MALL

Vendor Application

Contact Name: _____

Business Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Vendor Categories: (Booths for TAT sponsors are free upon request.)

_____ Non Profit Agency

_____ Other

****I will be selling/promoting _____ in my reserved space at TAT.**

In fairness to all vendors, no duplications of vendors is permitted. Vendor space is accepted on a first come, first serve basis, when registration and payment is received.

Please Note: All booths will be outdoors and you will be required to provide your own tables and chairs as well as a canopy, if desired. No electricity is available.

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I, _____, agree to participate as a vendor in the LCM Touch a Truck event on Saturday, October 5, 2019 at the Longview Mall.

Signature _____ **Date** _____

*Completed application should be mailed to LCM via:
Robin Fruia, P.O. Box 1023, Longview, TX 75606
Or FAX completed Vendor Application to (903)753-0515*