



APPLICATION VENDORS OR CRAFTSMEN PARTICIPATING IN BLUE ISLAND HOWL O'WEEN 2024

| This application must be filed with the City | \prime of Blue Island prior to the event at which the applicant is |
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| scheduled to participate. | ١ ، ، |
| 4) News of Angliana | $\sim 18/p$ |

| 1) | Name of Applicant: | |
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| 2) | Business or Trade Name: | |
| 3) | Mailing Address: | |
| 4) | Email Address: | |
| 5) | Telephone Number: Name of Event: BLUE ISLAND HOWL O'WEEN | |
| 6) | Name of Event: BLUE ISLAND HOWL O'WEEN | |
| 8) | Set up Time & Location: 11:00 am at the The Meadows Golf Club, 2802 W. 123rd Street, Blue Island, IL 60406 Date & Time Participating in Event: 10/19/24 @ 12 pm - 4:00 pm Items to be sold | |
| Applicant Requirements: All participants must possess valid Blue Island business licenses and liquor licenses, where applicable. No business will be allowed to participate if the same has any open or current building code or local ordinance violations. No business will be allowed to participate if such business is indebted to the City for any utility, fines or fees. All proceeds will go directly to The Blue Island Stray Dog Project. I certify that I am an authorized agent of the above named business and said business meets the requirements for participation in the event as stated in this application. | | |
| Non S | elling - FREE Selling - \$40.00 | |
| Signat | ure of Applicant: | |
| *Please submit this Application to the City Clerk's Office at Blue Island City Hall or by email rzylman@cityofblueisland.org. Questions? Call the Clerk's Office at (708) 597-8603. | | |
| | To be completed by Event Organizar | |
| Du | To be completed by Event Organizer | |
| Date: | | |
| Signatur | e: | |
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