

The 15th Annual Brady Street Pet Parade

Sunday, October 2nd, 2016

11 a.m. – 5 p.m.

Booths will be located on Brady Street between Franklin and Arlington Pl.

Phone (414) 272-3978

email: bradystbid@gmail.com

Marketplace Booth Application 2016

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Business Phone: _____ Email: _____

Cell or Home #: _____ Number of Years in Business: _____

You have requested a 10'x10' booth space in a heavily trafficked area of the Festival. The location of your booth and additional day-of-event instructions will be sent to the Business Address and Email Address provided before the event.

Please list the types of items* you desire to display or sell: _____

Please note that tents, tables, seating and decorations are the responsibility of the vendor. You may wish to bring tenting in case of strong winds or rain. Electricity is not available and generators are NOT allowed. Additional day-of-event instructions will be sent to the Business Address and Email Address provided before the event.

Rental Fee: **\$40.00**

**The rental fee is due no later than
Friday, September 17th and is non-
refundable.**

Make checks payable to: Brady St. BID#11

*All items are subject to approval by the Brady Street Business Improvement District #11. Space is limited and must be approved prior to the event.

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10'x10' display space	Rental Fee:	
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***Acknowledgment:** I authorize investigation of all statements contained herein. Understand that misrepresentation or omission of facts is cause for automatic rejection or cancellation. I further understand that this application is subject to approval by the Brady Street Business Improvement District #11.*

Authorized Representative _____ Date _____

Please return application to:

Brady Street BID#11 (check payable to)
ATTN: Steph Salvia
1224 E. Brady Street
Milwaukee, WI 53202
email: bradystbid@gmail.com

Do Not Write Below This Line

Date Received _____ **Check #** _____

Amount Received \$ _____ **Booth Number(s)** _____

Name of Vendor _____

Received by: _____