

2024 LOPATCONG COMMUNITY DAY
VENDOR/ORGANIZATION
REGISTRATION FORM

BUSINESS NAME: _____

CONTACT NAME: _____

CONTACT NUMBER: _____

CONTACT EMAIL: _____

VENDOR WARES: _____

ELECTRICITY NEEDED: YES () NO ()

\$10 PER SPOT

\$20 PER SPOT IF ELECTRICITY IS NEEDED

VENDOR TO SUPPLY OWN TABLE/CANOPY/UMBRELLA

TOTAL \$ _____

CHECK # _____

CASH _____

SEND APPLICATION AND PAYMENT TO:

LOPATCONG TWP CLERK'S OFFICE
232 S. THIRD STREET
PHILLIPSBURG, NJ 08865
(908) 859-3355, EXT. 224
EMAIL: diltsb@lopatcongtpw.com