



## PERMIT #

Permit Complete:

Amount Received

Payment Type:

Payment Received By:

Date Issued:

Event Hours: 9/15 & 16: 6PM - 10PM  
9/17: 10AM - 11PM

### VENDOR INFORMATION

Business/Organization Name:

Contact Name:

Mailing Address:

City:

State:

Zip:

Phone#:

E-mail Address (Required):

Website:

(permission to link from Borough website)

Vending Location Desired:  
address)

(refer to vendor categories provided closest street

### VENDOR CATEGORIES

*Millvale Resident* - \$30: Sale of goods and merchandise, non-food. Provide desired location by closest address.

*Millvale Business* - \$60: Exhibit and sale of goods and merchandise, non-food. Specify desired location by address.

*Retailer / Franchise* - \$120: Direct manufactured/prepared merchandise, prepackaged consumables, at-home franchised products such as Mary Kay, 31 Products, etc., non-food. Millvale Days Committee determines location.

*Millvale Food Vendor* - \$75: Foods prepared onsite for consumption. A full menu must be included with application. Terms and Conditions for insurance and health department permit requirements. Specify desired location by address.

*Food Vendor (Non-Millvale Based)* - \$200: Foods prepared onsite for consumption. A full menu must be included with application. Terms and Conditions for insurance and health department permit requirements. Millvale Days Committee determines location.

*Bar with Outside Sales (Millvale Based Only)* - \$150: Foods prepared onsite for consumption. Beer and beverages sold outside (plastic cups only). A full food and drink menu must be included with application. Terms and Conditions for insurance and health department permit requirements. Specify desired location by address.

*Artist* - \$50: All products must be hand-made and non-food. Millvale Days Committee determines location.

*Millvale Non-profit* - \$15 Specify desired location by address.

*Non-profit (Non-Millvale Based)* - \$25 Millvale Days Committee determines location.

### ADDITIONAL CHARGES

Electricity - \$25: per hook-up

### VENDOR APPLICATION FEES & PAYMENT

Fill in appropriate category and amount - Payment required to process application.

Vendor Category:

Vendor Location:

Category Fee:

X Electricity:

= Total Enclosed:

Make Checks Payable To: Borough of Millvale

**SALES**

Will you be selling goods at Millvale Days? YES NO  
If so, please provide a brief description.

**GAMES**

Will you be operating small games of chance at Millvale Days? YES NO  
If so, please provide a brief description of the game.

*Vendor must have a Small Games of Chance License*

**FREE DRAW**

It is recommended that each exhibitor offer an item or activity free of charge for attendees to encourage traffic flow to your booth. Will you offer a free draw? YES NO  
If so, please describe your activity/item.

**DICLAIMER AND SIGNATURE**

*I understand the Millvale Days permit fee must be paid in full when submitted. (credit cards not accepted)*

*I understand that to serve food at Millvale Days I must have an approved permit through the Allegheny County Health Department. The Allegheny Health Department can and will make random inspections. Allegheny Health Department # 412-578-8044, www.achd.net.*

*I understand to operate a game of chance I must have a Small Games Of Chance License from the Allegheny County Treasurer. Treasurer's Office License Department # 412- 350-5762, www.alleghenycounty.us.*

*I understand the maximum size of a tent is 10'x10'.*

*I understand I am responsible to provide tables and chairs.*

*I understand vendor permits must be prominently displayed at all times. No sales or solicitation without a vendor permit is allowed; violators will be removed and fined.*

*I understand vendor spaces with electricity are limited and first come first serve. Generators are permissible.*

*I understand MILLVALE VENDORS take precedent over outside vendors regarding location and electrical availability.*

*I agree to indemnify and hold harmless the Borough of Millvale against any damages or claims that may arise in connection with my presence at Millvale Days and my activities of any kind.*

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in exclusion from Millvale Days.*

**Vendor Signature:**

**Date:**

Please contact Michele Revay with any questions at 412-821-2777 ext. 3134 or [millvaledays@millvaleboro.com](mailto:millvaledays@millvaleboro.com).