

Dahlonega/Lumpkin County 4<sup>th</sup> of July Family Day  
Non-Profit Vendor Application

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Organization's mission:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will you be selling/raffling for your fund-raiser?  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*All participants agree to pay a \$25 booth fee to the  
Dahlonega-Lumpkin County Community Fund to help  
offset the costs of fireworks and associated expenses.\*\*\*

Participant signature \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_