



Autumnfest
LOGANVILLE

Come Join Us!
Saturday, October 21
9 a.m. to 4 p.m.

City of Loganville AutumnFest Exhibitor Application

Applicant's Name: _____

Applicant's Title or Position in business/organization: _____

Business/Organization Name: _____

Website: _____

Category: (check one)

Artist/Craft

Food : (circle one) Mobile Food Unit Prepared Food Food Cart Packaged Food

Education/Non-profit (301 or 501 status)

Non-food vendor/business

Briefly describe business or organization: _____

Business Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Telephone: Day _____ Evening _____

Please give the first and last name of staff that will be operating your rental space: (We ask that you have your booth manned at all times. The City of Loganville and Festival Staff will not be responsible for your products and/or booth.)

1. _____ 2. _____

3. _____ 4. _____

I will set up the evening of 10/20/17 _____ (between 4 p.m. & 6 p.m.)

I will set up the morning of 10/21/17 _____ (between 6 a.m. & 8 a.m.)

Please describe the activities/information/food you plan to have at your booth: All spaces are 10x10

You are welcome to submit digital images of your product to events@loganville-ga.gov. Please include your business information within the e-mail. Please be sure to include all current contact information, we may contact you for more details regarding your application. Thank you.

Submit this application and \$55 Exhibitor fee, \$75 Exhibitor fee with power, by September 29, 2017, to one of the following: events@loganville-ga.gov; P.O. Box 39, Loganville, GA 30052; or Fax: 770-466-0904