

Mt. Lebanon Uptown Market 2024 Application

Business Name: _____

Address: _____

Business Phone: _____

Main Contact Name: _____ Phone: _____

Onsite Contact Name: _____ Phone: _____

E-mail: _____

Website: _____

Social Media Pages: _____

Please list the products you will bring to market: _____

Vendor Type: _____ Seasonal (\$200) _____ Weekly (\$20/week) Dates: _____

_____ Non-profit

Are there any dates you are unable to attend? _____

Payment (**all fees must be paid prior to May 11, 2024**):

_____ Check (Make Check Payable to ***Mt. Lebanon Partnership***)

_____ Credit Card (Credit Card Payments can be made on our website at
<https://mtlebopartnership.org/product/uptown-market-fee/>)

Do you have all necessary ACHD permits? _____ Yes _____ No

If you are a certified organic grower, list certifying organization(s):

Please sign application in space provided below. Your signature certifies that the information provided above is accurate and that you have read, understood and agree to abide by the ***Mt. Lebanon Uptown Market Rules for 2024.***

Signature: _____

Date: _____

Please submit this application to: Mt. Lebanon Partnership • 710 Washington Rd • Pittsburgh, PA • 15228 or Carla Clipper at mtlebanevents@gmail.com