

**Miami Valley Council for Native Americans**

**Pow-Wow Vendor Application**

(Application must be returned to TMVCNA by June 8, 2009)

Are you a Licensed Vendor? \_\_\_\_\_ **YES**  
**NO**

(The State of Ohio requires all Vendors have a valid Vendor's License)

Please provide your Vendor's License Number:

\_\_\_\_\_

Name:

\_\_\_\_\_

—

Business Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

\_\_\_\_\_

Phone Number: (Day) \_\_\_\_\_ (Evening)

\_\_\_\_\_

Type of Goods to be sold:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In Accordance with the Indian Arts and Crafts Act of 1990, please provide proper documents to verify American Indian ancestry. To establish ancestry please provide one of the following:

1. A copy of a Tribal Identification Card
2. A Tribal Enrollment Number
3. A document verifying enrollment, on Tribal letterhead

(Please answer the following questions by circling yes or no)

Are you an Artist? \_\_\_\_\_

**YES NO**

Are you a member of a federally recognized Tribe? \_\_\_\_\_

**YES NO**

If so, which Tribe?

\_\_\_\_\_

Do members of a federally recognized Tribe(s) make the goods you sell? \_\_\_\_\_

**YES NO**

If so, can you provide documentation for your customers? \_\_\_\_\_

**YES NO**

Have you previously been a Vendor at a TMVCNA Pow-Wow? \_\_\_\_\_

**YES NO**

(Continued on Reverse)

Size of Space Requested: \_\_\_\_\_ Amount Enclosed:

\_\_\_\_\_

Single booth space is 15' X 15' ----- Single Space Booth Fee is:  
\$120.00

Double booth space is 15' X 30' ----- Double Space Booth Fee is:  
\$190.00

(Space is Limited, so register early)

Food Vendors Booth Space is 25' X 20' ----- Booth Fee for Food Vendors is: \$225.00 Food  
Vendors

All Food Vendors must apply and must possess a Valid Food Permit. Vendors can apply for a  
Food Permit from the:

Montgomery County Combined Health District

117 S. Main St.

Dayton, OH 45422

(937) 225-4460

All application must be completed and received by TMVCNA, along with Booth Fee and (3)

photos of your booth set-up, by June 8, 2009. Vendors Fee will be returned if notification of non-participation is received by 5:00 p.m. on June 15, 2009.

NOTE: When sending a personal check please includes your Driver's License Number and Social Security number.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_