Miami Valley Council for Native Americans

Pow-Wow Vendor Application

(Application must be returned to TMVCNA by June 8, 2011)

Are you a Licensed Vendor? NO			YES
(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 YES NO	e the goods you sell?
If so, can you provide documentation for your custo YES NO	mers?
Have you previously been a Vendor at a TMVCNA Po	ow-Wow?
(Continued on I	Reverse)
Size of Space Requested:	Amount Enclosed:
Single booth space is 15' X 15'	Single Space Booth Fee is:
Double booth space is 15' X 30'\$190.00	Double Space Booth Fee is:
(Space is Limited, so	register early)
Food Vendors Booth Space is 25' X 20' Bovendors	ooth Fee for Food Vendors is: \$225.00 Food
All Food Vendors must apply and must possess a Val Food Permit from the:	lid Food Permit. Vendors can apply for a
Montgomery County Combined Health District	
117 S. Main St.	
Dayton, OH 45422	
(937) 225-4460	
All application must be completed and received by 1	MVCNA, along with Booth Fee and (3)

photos of your booth set-up, by June 8, 2011. Vendors Fee will be returned if notification of non-
participation is received by 5:00 p.m. on June 15, 2011.

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

Signature: ₋	 	
Date:		