



Vendor Application

No	ame of Business:					
Co	ontact Person:					
Telephone#:		Email:				
M	ailing Address:					
•	Please indicate what items (with price range) you will have for sale. Also indicate what are the stocking requirements for your product and how much inventory you would like to supply for the time period (2 weeks) of the pop up:					
•	The cost to participate is \$50.00 per store. Please indicate which pop-up(s) you would like to participate in: St. Croix (Set up Nevember 20 December 1 Store energ December 2 December 11)					
	St. Croix (Set up November 30-December 1 Store opens December 2-December 11)					
	Closed on Sunday, December 6.					
	St. Thomas (Set up Decem	ıber 14-14 Store opens December 16-28				
	Closed on Sunday, December 20; December 25-27.					
Ву	executing this application, the appl	icant hereby agrees upon the following:				
	 All vendors must have a valid business license. All products must be made in the USVI, represent USVI culture or heritage, and be appealing customers. 					
3.	A vendor spot(s) is only confirmed after the application has been submitted, the product has been reviewed and vendor fee has been paid prior to the event.					
	Signature	Date				

Kindly return completed application by to USVI Economic Development Authority Enterprise Zone Commission or the Virgin Islands Council on the Arts in person or via email at ezc@usvieda.org or vicast@yahoo.com by Friday, November 21, 2020.