



Cleveland Metroparks®

Vendor Application Form

Business Name: _____

Tax ID Number: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail Address: _____

Website: _____

Brief explanation of product/artwork to be sold: _____

Specify price range of items

Do you currently have any of your products in other boutiques? _____

If yes, which ones? (Names and location)

All applications will be reviewed and we will inform you via email if we would like to carry your product. This application is the first step to applying to become a vendor, and is not a guarantee of any future partnerships or agreements.

Signature: _____ Date: _____