



SATURDAY, APRIL 27
12PM - 5PM

LONGGROVE.ORG

Vendor Name _____

Address _____

City, State, Zip Code _____

Phone _____

Website _____

Contact _____

Contact Cell _____

Contact Email _____

(Food Vendors) Lake County Health Department Permit # _____

Vendor Menu Item #1 _____

Vendor Menu Item #2 _____

Vendor Menu Item #3 _____

Vendor Menu Item #4 _____

Please remember to:

mail your check for \$250 vendor fee to the address listed below and email your JPG/ PDF color logo to marketing@longgrove.org. Payment must be received prior to event, includes 2 tasting glasses. All other staff must purchase.

Please return to: Historic Downtown Long Grove Visitor's Center
308 Old McHenry Road, Long Grove, IL 60047 | 847-634-0888 | marketing@longgrove.org