Lift Every Voice And Sing

Gospel Festival & Fair

PO Box 194, Hartford, CT 06141-0194
Phone: (860) 243-8734
web site: www.LevasGospel.org
Fax: (860) 243-8643

29th Annual Lift Every Voice & Sing Gospel Festival & Fair
Saturday, September 14, 2024 – 12:00 Noon – 6:00 P.M.

Bushnell Park and Thomas Harris Pavilion

Hartford, CT

VENDOR APPLICATION

All Food and Merchandise vendor(s) selling items that are appropriate for a Gospel Festival and Fair are invited to apply. **ALCOHOL IS NOT PERMITTED.**

Vendor Donation(s) for:

/__/ Food $200   /__/ Merchandise $100   /_X_/ Community Service $25

Food or merchandise vendors without a City of Hartford license are required to secure a 1-day License
from lic. & Inspections Div. - 360 Constitution Plaza, Hartford CT cost $25.00.
When the license is obtained, please notify Carolyn Brooks-Burton at (860) 243-8734.
Vendor(s) will be notified of the date, time, and place if an informational meeting will be held.
To protect the park grounds FOOD vendors are required by the City of Hartford to use Trinity Street
for cooking food. Please complete the form below and mail your ==Money Order== or ==Bank Check== payable to: Lift
Every Voice and Sing Org. PO Box 194 – Hartford, CT 06141-0194

Business Name: Northern Connecticut Black Nurses Association Inc
_____

Contact Person Name/Title: Vicie Brooks/ Treasurer
_____

City: _Hartford_____State: CT_____Zip: 06112_____

E-mail:

Viciebrooks@outlook.com_____
_

Phone: _8606825595_____ Cell: _____ Is it ok to text you? __yes___

Type of Business: _Non-Profit _____

Description of item(s) / Service(s) you will Sell-Offer-Display: Table & 2 Chairs (Y) (N)
Blood Pressure Screening and Education Will need 4-5 chairs along with table
_____

_____

_____

Please make a money order or check payable to: LEVAS, Org. Send funds and vendor
application to: PO Box 194, Hartford, CT 06141

For more info, please call: (860) 243-8734 or email: info@levasgospel.org

LEVAS Org. is a 501(c) 3 non-profit organization; all donations are tax deductible
EIN# 06-1534035

For Office Use Only

Date Received _____Contract Amount $_____Payment type: _____ Cash ____ Money Order _____ Check