



## Retail Application

Name of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Please list what you sell

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Initial Below:

\_\_\_\_\_ I understand I must bring my own table, chairs, and any other materials.

\_\_\_\_\_ I understand that electricity will not be provided.

\_\_\_\_\_ I understand that I am prohibited from selling alcohol.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return application at La Vernia City Hall  
or email [events@lavernia-tx.gov](mailto:events@lavernia-tx.gov)**