

**HAMPDEN TOWNSHIP RECREATION DEPARTMENT  
VENDOR RESERVATION APPLICATION**

Today's Date \_\_\_\_\_

All groups/persons requesting use of facilities for vendor purposes must provide the name and telephone number of a main contact who will assume responsibility for administration of the activity and be available during the scheduled activity.

**Company/ Group Name** \_\_\_\_\_

**Company Address** \_\_\_\_\_

**Main Contact** \_\_\_\_\_ **Phone: Day** \_\_\_\_\_ **Evening** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **State Sales Tax License#** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Time(s):** \_\_\_\_\_

**Location(s):** \_\_\_\_\_

**Describe the what you plan to sell in detail** \_\_\_\_\_

\_\_\_\_\_

**Description of Vehicle to be used (make/ model/ year):** \_\_\_\_\_

Color	Registration # and State	Owner
<b>Type of vendor:(circle one)</b>	For Profit (\$50/ day)	Non-Profit (\$25/ event)

\*Application must be submitted at least 30 days prior to event or service \*

I/We have read the resolution regarding use of Township Facilities as well as the rules and regulations included in this packet and agree to assume responsibility for observance of these regulations. I/We shall agree to assume all responsibility for any damages incurred beyond normal wear and tear and I/we also assume all liability for personal damages or injuries incurred through use of the facility and relieve Hampden Township and its officials of any responsibilities for such activities. I/We understand that a portion of the rental fee may be non-refundable and may not be returned in case of cancellation, property damage, or the requirement of more than customary cleaning.

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

**PLEASE RETURN RESERVATION REQUEST AND RESERVATION FEE, IF REQUIRED, TO:  
HAMPDEN TOWNSHIP RECREATION DEPARTMENT  
230 S. SPORTING HILL ROAD, MECHANICSBURG, PA 17050-3097**

**PAYMENT BY: MASTERCARD/VISA #** \_\_\_\_\_ **EXP DATE** \_\_\_\_\_

**SIGNATURE OF CARD HOLDER** \_\_\_\_\_

FOR TOWNSHIP USE ONLY

Date Application Received \_\_\_\_\_ By \_\_\_\_\_

Application Referred to for Investigation \_\_\_\_\_ Date \_\_\_\_\_

Any previous experience with this company or applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Results of investigation of the current applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Investigating Officer's Recommendation: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Investigation Officer's Signature \_\_\_\_\_

Recreation Director's Final Action: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Director's Signature: \_\_\_\_\_