

Vendor Form

\$20.00 per space

MAKE CHECKS PAYABLE TO:
City of Olean

Mail to:
Auditor's Office
PO Box 668
Olean NY 14760

(Please Print Clearly)

Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Items selling _____

*Any operation preparing, handling, and serving food requires a permit issued by the Health Department.



Sunday, July 5th | 12pm - 6pm

- ★ Car Show & Cruise
- ★ Food Vendors & Merchandise
- ★ Family Fun & Music

***Join us in downtown Olean, NY for an incredible 4th of July celebration!**

Pre-Registration Form

\$15.00 per vehicle

MAKE CHECKS PAYABLE TO:
City of Olean

Mail to:
Auditor's Office
PO Box 668
Olean NY 14760

(Please Print Clearly)

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Vehicle Entry Information:

Year: _____

Make: _____

Model: _____