

**City of North Tonawanda
City Market
Vendor Contact Information**

Vendor Number: _____

Tax ID Number: _____
(If Required)

Stall Number: _____

Business Name: _____

Type of Business: _____
(Type of products sold at City Market)

Contact Name: _____

Address: _____
(Number, Street Name)

(City, State, Zip Code)

Phone: (_____) _____ - _____ (Cell / Work / Home)
(Area Code) (Circle One)

Alternate Phone: (_____) _____ - _____ (Cell / Work / Home)
(Optional) (Area Code) (Circle One)

E-mail Address: _____
(Optional)

Other Contact: _____
(Optional)