



**Coosada's Heritage Festival
Saturday, October 3, 2026**

Applicant Name: _____

Business/Vendor Name: _____

Address: _____

Email Address: _____

Phone Number: _____ **Emergency Contact:** _____

Briefly describe your product: _____

Vendor Registration Fee: \$25.

Applicant Acknowledgement:

I certify that the information provided in this application is accurate and complete.

Please email back to townclerk@coosadaal.gov or mail to:

The Town of Coosada
5800 Coosada Road
PO Box 96
Coosada, AL 36020

For Office Use Only:

Approved By _____ **Date** _____