



# 2025 Cruise Above the Clouds Show Vendor Application

## Vendor Information

Organization/Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Vendor Category (choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Food/Beverage         | <input type="checkbox"/> For Profit business |
| <input type="checkbox"/> Merchandise           | <input type="checkbox"/> Non-Profit (501c3)  |
| <input type="checkbox"/> Informational Display | <input type="checkbox"/> Sponsor             |

### Fee Schedule:

- |  |       |
|--|-------|
| <input type="checkbox"/> Food Truck  | \$200 |
| <input type="checkbox"/> 10 x 10 tent (no electricity)   | \$ 50 |
| <input type="checkbox"/> 10 x 10 tent (electricity)  | \$ 75 |
| <input type="checkbox"/> 10 x 20 tent (no electricity)   | \$100 |
| <input type="checkbox"/> 10 x 20 tent (electricity)  | \$125 |
| <input type="checkbox"/> 501c3 (please select appropriate size tent above, as well as this block. NO FEE |       |

Total Included with application: \$ \_\_\_\_\_

### TERMS and CONDITIONS:

1. Vendors must remove all trash and debris.
2. No Music or PA systems allowed.
3. Vendors must obtain all applicable permits and licenses required to conduct business in Teller County
4. Vendors must provide their own tents, chairs and tables. Ground stakes for tents/awnings are not allowed.

My signature below confirms that I hold all required licenses to do business in Teller County where applicable. I understand that acceptance is not guaranteed, and that each application will be reviewed based on appropriateness to the overall success of the event.

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



Above the Clouds

**2025 Cruise Above the Clouds Show  
Vendor Application**

Please mail completed form and payment to:

Cruise Above the Clouds P.O. Box 129 Woodland Park, CO 80866

On behalf of Cruise Above the Clouds and Teller County---THANK YOU!

**OFFICE USE ONLY**

Vendor application: Approved / Declined CATC Representative Signature: \_\_\_\_\_

Vendor notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_