



# Jim's Harley-Davidson/Buell of St. Petersburg

## Event Vendor Application

**Event Name:** Jim's Bike Night  
**Event Contact:** Jeremy Coad (727-527-9672)  
 Email: [jeremyc@jimshd.com](mailto:jeremyc@jimshd.com) or [dperkins@jimshd.com](mailto:dperkins@jimshd.com)

**IMPORTANT POINTS**

Please fill out the entire application. Read everything below, there is important information listed.

\* Please fax your application ASAP at 727.525.0947 and mail your payment to the address listed below. Make your checks payable to Jim's Harley-Davidson/Buell\*

**Jim's Harley-Davidson/Buell**  
 ATTN: Events  
 2805 54<sup>th</sup> Ave. North  
 St. Petersburg, FL 33714

**VENDOR CONTACT INFORMATION**

\*PLEASE PRINT CLEARLY AND LEGIBLY\*

All information must be filled, include as much information as possible

Vendor Name:	Contact Name:
Address:	
City:	State/Zip:
Phone:	Fax:
Cell:	Email:

## EVENT LOGISTICS

IT IS MANDATORY THAT YOU BRING ENOUGH WEIGHTS TO SECURE YOUR TENTS

Event	Date & Time	Set-Up	Location
Jim's Bike Night	2 <sup>nd</sup> Friday, 5P - 9P	4PM	2805 54 <sup>th</sup> Ave. N.



