Return this form with your payment to:



Ye Connecticut Gun Guild Inc. PO Box 380011 East Hartford, CT 06138

## **FALL VENDOR APPLICATION**

Clarion Inn Emerald Ballroom 201 Washington Avenue North Haven, CT 06473

## November 22 & 23, 2025

For questions you may contact us by email at us at gunshow@ycgg.org

Name:		Trade	Name:	
Mailing Address:				
City, State, & Zip Code:				
Phone: ()	Email <i>I</i>	Address:		
Number of Tables:	Sales Tables	@ \$90.00 pe	r table Non-refundable:	:
	Display Table	@ No charge	pending qualification:	0.00
	TOTAL Amou	nt Enclosed: _		
Please attach a descri  NOTE: Ye Connecticut Gun Grenat is responsible for the secur  YCGG has set forth  1. Due to insurance requ 2. All firearms must have a 3. No loose ammunition 4. All tables must have a 5. No items are allowed 6. You will abide by all a 7. You must be set up by 8. Set up is Friday, Nove 9. No flea market type in 10. Smoking, alcohol com 11. Pets are not allowed. 12. The resale of vendor a 13. You are solely respon 14. You are responsible for 15. If you cancel your res 16. One Vendor badge is	ption of the displantial of the following rules are actions zip-tied, be is allowed. All amount a clean and presentable in front of tables to a Fown, State, and Fed values are actions of the day of the displantial of the d	be held responsible during the show had regulations in a large and its are allowed and inition must be in the show, and not the show, and not the show, and not the show, and not the show and inition will be a sion of illegal drugs are documented got is strictly forbide of the individuals the show are a which she days before the sopplication. Vendor	order to maintain a safe, legal owed in the venue. For under glass, sealed containers. No Black For and all covers must extend to fisles. Tables are not to be marked to be a break down until the show has sistinctly forbidden. Under service are allowed.	r lost. It is the table renter ing firearms at night. I, and quality event:  Powder is allowed. to floor in front. hoved or rearranged. equired. has closed.  g and upon breakdown. hay not be refunded. bles are allowed one
FFL Number:		FFL Name/Busi	ness Name:	
Please list your Connecticut S FFI By signing, I agree to the abov	service for transfers	s will be available	on-site at \$50.00 per transact	ion
Signed By:			Date:	
Date Paid:	Check No.:		Cash: \$	_ Payment needs to be in full
Table Assignment(s):	Sp	ecial Notes:		