

ST. JACOBS FARMERS' MARKET & FLEA MARKET

VENDOR APPLICATION

(please print)

DATE _____

VENDOR NAME _____

OPERATING UNDER THE NAME OF _____

VENDOR ADDRESS _____ CITY _____

VENDOR E-MAIL ADDRESS _____

POSTAL CODE _____ PHONE _____ FAX _____

MAY WE GIVE YOUR PHONE NUMBER OUT TO THE PUBLIC (Y/N) _____

PHONE NUMBER TO GIVE TO THE PUBLIC (IF DIFFERENT THAN ABOVE) _____

PRODUCT DESCRIPTION (pictures must be included) _____

DO YOU ATTEND OTHER MARKETS (Y/N) ? _____

WHERE CAN YOUR PRODUCT BE SEEN ? _____

ADDRESS _____

WHICH DAYS WOULD YOU ATTEND MARKET ? _____ TUES. _____ THURS. _____ SAT.

DO YOU GROW/MAKE YOUR OWN PRODUCT (Y/N) ? _____

_____ **OUTSIDE SPACE**

TYPE OF CONTRACT _____ ANNUAL _____ SEASONAL _____ DAILY

SALES FRONTAGE REQUIRED _____ (minimum 10 feet)

_____ **INSIDE SPACE**

SALES FRONTAGE REQUIRED _____ COOLER SPACE REQUIRED _____

SPACES PREFERRED - (building) _____

NOTE: Unless otherwise noted all contracts are payable in advance each quarter. There will be no refunds. I have read the Market policies and understand them fully.

OFFICE USE ONLY

VENDOR SIGNATURE

MARKET MANAGER SIGNATURE

CONFIRMED BY _____ START BILLING DATE _____

MARKET AREA ASSIGNED _____ BILLED (Y/N) _____

COMMENTS _____
