

# ST. JACOBS SUNDAY OUTDOOR MARKET

Located At Market Road Antiques

## VENDOR APPLICATION

please print

DATE \_\_\_\_\_

VENDOR NAME \_\_\_\_\_

OPERATING UNDER THE NAME OF \_\_\_\_\_

VENDOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

VENDOR E-MAIL ADDRESS \_\_\_\_\_

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 included)

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DO YOU ATTEND OTHER MARKETS (Y/N)? \_\_\_\_\_

WHERE CAN YOUR PRODUCT BE SEEN? \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

### OUTSIDE SPACE

TYPE OF CONTRACT \_\_\_\_\_ SEASONAL \_\_\_\_\_ DAILY

SALES FRONTAGE REQUIRED \_\_\_\_\_

**I have read the Market policies and understand them fully.**

\_\_\_\_\_  
VENDOR SIGNATURE

\_\_\_\_\_  
MARKET MANAGER SIGNATURE

OFFICE USE ONLY

CONFIRMED BY \_\_\_\_\_ START BILLING DATE \_\_\_\_\_

MARKET AREA ASSIGNED \_\_\_\_\_ BILLED (Y/N) \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_