

**OFFICE USE ONLY**      DATE RECEIVED: \_\_\_\_\_      DATE APPROVED: \_\_\_\_\_

Seasonal Fee (\$135)       Daily Fee (\$15)      Date Fee Received \_\_\_\_\_

License Needed       License Received      Date License Received \_\_\_\_\_

# BELLAIRE FARMERS MARKET 2016 VENDOR APPLICATION



**VENDOR TYPE** (check best fit)

Farm       Farm/Food       Farm/Craft       Food       Food/Craft       Craft

I plan to sell:     May     June     July     August     September     October

Years involved with Bellaire Farmers Market: \_\_\_\_\_

Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip)

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_      Website: \_\_\_\_\_

List family, friends, or employees who will be vending at the market: \_\_\_\_\_

Bellaire Farmers Market is NOT a re-sellers' market. Check with the Market Manager to determine whether we are the right market for you.

Do you grow your own products?     YES       NO

If you answered NO, who is your supplier? \_\_\_\_\_

List all products: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I attest that the above information given is true and in no way a misrepresentation of my products.

Signature: \_\_\_\_\_      Dated: \_\_\_\_\_