

OFFICE USE ONLY	DATE RECEIVED: _____	DATE APPROVED: _____
<input type="checkbox"/> Seasonal Fee (\$150)	<input type="checkbox"/> Daily Fee (\$20)	Date Fee Received _____
<input type="checkbox"/> License Needed	<input type="checkbox"/> License Received	Date License Received _____

BELLAIRE FARMERS MARKET 2020 VENDOR APPLICATION



VENDOR TYPE (check best fit)

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

I plan to sell: May June July Aug Sept Oct

I am committed to these hours: 8 am - Noon 8 am - 1 pm 9 am - 1 pm

Date that I plan on starting to sell at Market: _____

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: _____