

OFFICE USE ONLY DATE RECEIVED: _____ DATE APPROVED: _____

Seasonal Fee (\$150) Daily Fee (\$20) Date Fee Received _____

License Needed License Received Date License Received _____

BELLAIRE FARMERS MARKET 2021 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

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 or make 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: _____