

2024 VENDOR APPLICATION FORM

Vendor/Business Name (PRINT)	Contact Person(s)
Mailing Address Street, City, State & Zip	
Area Code/Phone Number	Cell Phone Number
Email Address	Additional/ Alternate Contact Information
SEASONAL TABLE RENTAL	DAILY TABLE RENTAL
ONE DAY M -W - F - S (Please Circle)	ONE DAY M - W - F - S (Please Circle)
ANY 2-4 DAY M - W - F - S (Please Circle)	ANY 2-4 DAY M - W - F - S (Please Circle)
# OF FARMER DIRECT/HOMEGROWN/HANDMADE TABLES REQUESTED	#OF FARMER DIRECT/HOMEGROWN/HANDMADE TABLES REQUESTED
# OF RESALE TABLES REQUESTED	# OF RESALE TABLES REQUESTED
	YesNoN/AYesNoN/AYesNoN/AYesNoN/A sestite, social media?YesNoN/A sestite, social media?YesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYes
Signature	date