

McFadden Market Co-op

Farmers Market

Vendor Application

Vendor Name: _____

Business Name: _____

Address, City, & Zip Code: _____

Email Address: _____

Webpage: _____

Home Phone: _____ Cell Phone: _____

I authorize the market manager to give the following information to customers who request it:

___ phone number ___ address ___ email ___ website

Signed: _____ Date: _____

Check all the categories that describe your sales:

___ Farm products

___ Produce

___ Plants, flowers

___ Baked goods

___ Crafts

___ Specialty foods

___ Other -Please list: _____

Please list the vegetables, fruits, flowers or other products that you plan to sell at the market: _____

Story of your operations, e.g. #years, organic, pesticide free, free range, etc.

Market Date and Time:

April 25, 2009:

10:00a.m. – 2:00p.m. (set up by 9:00a.m.)

Tuesdays from April 28, 2009 –October 27, 2009:

5:00p.m. – 8:00p.m. (set up by 4:00p.m.)

Vendor fees: 10X10 space \$25.00/season
 20X10 space \$50.00/season
 Services, e.g. trash (toilets if required)
 \$3.00/weekly
 6% of total sales

I have read the application requirements and agree to comply with the rules of the market.

Signed: _____ **Date:** _____