



VENDOR APPLICATION FOR FARMER'S MARKET

NAME OF VENDOR	First Name _____ Last Name _____
NAME OF BUSINESS	_____
MAILING ADDRESS	Address: _____ City : _____ State: _____ Zip Code: _____
EMAIL ADDRESS	_____
PHONE #	() _____
FAX #	() _____
WEBSITE	www. _____
BRIEF DESCRIPTION OF YOUR BUSINESS	_____ _____ _____ _____
DRIVERS LICENSE # (Mandatory)	_____
BUSINESS TAX ID # (If you have one)	_____



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