

Downtown Market Vendor Registration Form 2018

Vendor Information: Please print clearly!

Business Name:	Contact Name:
Address:	City, State & Zip:
Phone#:	Cell#:
Email:	Website:

○ Cash ○ Check #

What Items will you be selling:

I am selling commercial items: YES/NO If yes please provide name:_____ YES/NO I am approved for Farmers' Market Nutrition Program (FMNP): I am approved as a WIC Vendor: YES/NO

Drive-in Space: YES/NO (These spaces will go to produce vendors first. Spaces are limited)

Other vendors may drive up to unload and then move their vehicle so marketgoers have space to pull up and shop. If you have a special request please contact the Chamber.

I am aware that it is my responsibility to obtain all permits & licenses required for the sale of food items by the state & local health authorities. It is also my responsibility to obtain a temporary sales tax permit for the sale of my non-food items if applicable.

There is a seasonal fee for market participation: Chamber Members \$25 and Non Members \$30. All vendors, regardless of when they join the market, are required to pay this fee.

I have read and am aware of the market rules and agree to abide by them.

echamber@gmail.com or fax 712/362-7742

I further agree not to hold "The Downtown Market" or "Estherville Area Chamber of Commerce" responsible for any loss or damage to person or property that might occur during or as a result of the market.

Name of Vendor	Signature of Vendor	D	ate
Please return signed & completed form with payment to: Estherville Area Chamber of Commerce 620 1 st Ave. South			Office Use Only:
		○ Payment received	
Estherville, IA 51334			Date//

Please be sure to "like" the Chamber facebook page as we will use this resource to place DTM announcements.