

## Downtown Market Vendor Registration Form 2019

Vendor Information: Please print clearly!

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

Contact Name:	
City, State & Zip:	
Cell#:	
Website:	

○ Cash ○ Check #

What Items will you be selling:

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

Drive-in Space: YES/NO (These are reserved for produce vendors but space is 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	Da	ate
Please return signed & completed form with payment to: Estherville Area Chamber of Commerce		ſ	Office Use Only:
620 1 <sup>st</sup> Ave. South			○ 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.