

Downtown Market Vendor Registration Form 2021

<u>Vendor Information: Please print clearly!</u>		
Business Name:Address:	City, State & Zip:	
Phone#:Email:	_ Cell#:	
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 market- goers 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 obta state & local health authorities. It is also my of my non-food items if applicable.		
There is a seasonal fee for market participati All vendors, regardless of when they join the		
I have read and am aware of the market rules and agree to abide by them.		
I further agree not to hold "The Downtown Not for any loss or damage to person or property		
Name of Vendor Signatu	ure of Vendor D	Date
Please return signed & completed form with Estherville Area Chamber of Commerce 620 1st Ave. South Estherville, IA 51334 echamber@gmail.com or fax 712/362-7742	payment to:	Office Use Only: O Payment received Date// Cash O Check #

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