

Downtown Market Vendor Registration Form 2015

Vendor Information: Please print clearly!

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

Please check categories for your product(s) (check all that apply)

	Baked Goods Sales (List)	Eggs	Wine	Jams & Jellies	Cut Flowers		
Prenared Food	d (List)						
Plants (List)	. (150)						
Plants (List) Other Food Items (List)							
Art & Craft Items (List)							
	_ist)						
Other (List)	,						
I am approved for Farmers' Market Nutrition Program (FMNP):				YES/NO			
Drive-in Space	e: YES/NO	L L	. ,	-			

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 \$20 and Non Members \$25. All vendors, regardless of when they join the market, are required to pay this fee.

While you are not required to attend every Downtown market, we've learned that it is important to be consistent to build up your customer base & that of the market as a whole!

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

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

Date

Please return signed & completed form with payment to: Estherville Area Chamber of Commerce 620 1st Ave. South Estherville, IA 51334 echamber@gmail.com or fax 712/362-7742

Office Use Only: O Payment received Date __/__/___ O Cash O Check # _____