



FLEA MARKET VENDOR APPLICATION

RENTAL PERIOD DESIRED

Every Saturday Every Sunday Every Weekend (Sat&Sun)
 Occasional

How many spots are you requesting? _____ (This is not guaranteed)

CONTACT INFORMATION

PRIMARY CONTACT NAME: _____

ALTERNATE CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ TELEPHONE: _____ FAX: _____

Please list products you intend to sell at the Clinton Bailey Farmers Market:
