FLEA MARKET VENDOR APPLICATION

RENTAL PERIOD DESIRED

____ Every Saturday ____ Every Sunday ____ Every Weekend (Sat&Sun)
____ Occasional ____ Every Weekday ____ All Week ____ Other

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:

_____
_____
_____
_____
_____
_____
_____
_____