DOWNTOWN FARMERS MARKET
at Ancestor Square

APPLICATION – BAKER - $10/WEEK

MAY 8 – OCTOBER 30, 2010 / 8AM - NOON

Name _____
(Individual or Business and Owner)

Street Address_____

City_____State_____Zip_____

Phone(Day)_____(Eve)_____

Email / Website_____

Please attach a copy of your food handler's permit. Initial here._____

Type of Goods (circle all that apply):

Baked Goods Prepared Foods Canned OTHER:

Please describe all items to be sold: (attach sheet if needed)

_____

_____

_____

_____

_____

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If you know which days you would like to attend or which months, please specify them here: (you will still need to confirm one week prior to each Saturday you intend to come.)

_____

_____

_____

May 8th – October 30, 2010. Every Saturday from 8am – noon, rain or shine.

I have read and understand the rules and guidelines of the Downtown Farmers Market. I certify that the goods I will bring to sell are made and produced by myself or within the business that I own. I understand that the Downtown Farmers Market may use my name and photographs for advertising purposes.

Signature(s)_____Date_____

For the benefit of e-mail newsletters and space limitations within the courtyard we need to know one week in advance of all participating vendors for the next market. *Thank you.*

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