



Downtown Market Vendor Registration Form 2013

Vendor Information: Please print clearly!

Business Name: _____
Address: _____
Phone#: _____
Email: _____

Contact Name: _____
City, State & Zip: _____
Cell#: _____
Website: _____

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

Produce ___ Baked Goods ___ Eggs ___ Wine ___ Jams & Jellies ___ Cut Flowers ___
Licensed Meat Sales (List) _____
Prepared Food (List) _____
Plants (List) _____
Other Food Items (List) _____
Art & Craft Items (List) _____
Direct Sales (List) _____
Other (List) _____

I am approved for Farmers' Market Nutrition Program (FMNP): YES/NO
Drive-in Space: YES/NO

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, in the amount of \$20. All vendors, regardless of when they join the market, are required to pay this fee.

Please note that there are no assigned spaces. While you are not required to attend, 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" 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:

☐ Payment received

Date __/__/__

☐ Cash ☐ Check # _____