



Downtown Market Vendor Registration Form 2016

Vendor Information: Please print clearly!

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

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

What Items will you be selling:

I am selling a commercial produce: YES/NO If yes please provide name: _____

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

I am approved as a WIC Vendor: YES/NO

Drive-in Space: YES/NO (These spaces will go to produce vendors first. Spaces are limited)

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 \$25 and Non Members \$30. All vendors, regardless of when they join the market, are required to pay this fee.

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:

☐ Payment received

Date __/__/__

☐ Cash ☐ Check # _____

Please be sure to "like" the Chamber facebook page as we will use this resource to place DTM announcements.