

Downtown Market Vendor Registration Form 2020

Vendor Information: Please print clearly!

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Items will you be selling:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am selling commercial items: 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 are reserved for produce vendors but space is limited)**

**Other vendors may drive up to unload and then move their vehicle so market-goers have space to pull up and shop. If you have a special request please contact the Chamber.**

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 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

Office Use Only:

 Payment received

Date \_\_/\_\_/\_\_\_

 Cash Check # \_\_\_\_

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

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