

2023 Farmers Market Application Vendor Request for Permission to Sell

| Vendor/Business Name: | |
|---|--|
| Contact Name(s): | |
| Sales Tax#: | Business Liability Insurance? YN |
| Address: | |
| Phone: Email: | |
| Social Media/Website: | |
| Please provide a brief description of your website. Your contact information provide | business to include on our social media and ed above may also be included. |
| | |
| Items Planned to Sell During the 2023 S | Season (please be specific): |
| | |
| Choose Payment Type: (check one) Full Season (Thursdays + Satur Full Season (Only Thursdays - Full Season (Only Saturdays - 5 Daily Pass Paid at Each Market | 11 Total): \$60 5 Total): \$30 |
| Payment: (circle one) CASH CHECK | |
| vendor fee does not guarantee acceptance | abmission of this application and payment of . You will be notified by email or phone when and . Your fee will be returned to you if it is denied. |
| I have read and agree to comply with all ru Regulations Packet) | ules and guidelines (see 2023 Vendor Rules & |
| Signature: | Date: |
| Checks can be mailed to or dropped off at: New Horizons Chamber 104 E Main Street | Questions? |

New Hampton, IA 50659

(641) 394-2021