DFC Farmers Market Application 2012

Please Print Clearly

Business Name_____

Business website (if applicable)_____

Contact Name _____

Address:_____ City: _____ Zip: _____

Email: _____

Phone Number:_____Cell:_____

Products you plan to sell: (enclose a separate sheet if necessary)_____

_____

_____

_____

Have you participated in the DFC Farmers Market previously?

Yes No if no, how did you hear about it?_____

Any dates you will not be available to attend the DFC Farmers Market: _____

☐ The undersigned has the authority to bind and represent the Applicant and agrees to abide by all city, county, state, federal rules and laws. I/we shall abide by all DFC Farmers Market rules.

Signature _____ Date _____

For DFC Market use only