



Fall Market Days Vendor Application  
September 9<sup>th</sup>, 23<sup>rd</sup> & 30<sup>th</sup> and October 14<sup>th</sup> & 28<sup>th</sup>  
10:00 a.m.-2:00 p.m.

Vendor Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

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

Is it okay to text information/questions:  YES  NO

Email Address: \_\_\_\_\_

Type of Items Sold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vendor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Welcome Center Rep: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Receipt # for \$30 (non-refundable) Vendor Fee: \_\_\_\_\_