



Vendor Application

Vendor's Name: _____ Membership Number _____

Business Name: _____ Assigned Spot _____

Business Address: _____

County of Business and/or residence: _____

Phone number/s: home _____ business _____ cell _____

E-mail Address: _____

I want the information above to be on the website. Yes ___ No ___ If yes, circle information to add, or list it on the back of this form.

List products you plan to sell at your booth. Attach a copy of any required licenses. Include a description of arts and crafts items, photos, or show samples of the items to the jury to qualify your products. If more space is needed please attach another page.

I have read the market rules and have completed the requested information. I understand my market responsibilities and would like to participate as a vendor in the Bigfork Farmers' Market Cooperative.

Please check the box to verify that the market rules have been read and understood;

Signature of Applicant

_____ Date; _____

The following Cooperative members read and juried your application.

Date _____

Jury Signatures

—

—

—