

Marshall Area Farmers Market ART AT THE MARKET Application Form

** PLEASE PRINT

Make checks payable to MAFM

Date of submitted applic		Submission Dates March 15 -April 15				
Vendor Name:			I		•	
Business Name:						
Mailing Address:						
City:			State:		Zip:	
Physical Address:			1		-	
NO PO Boxes						
City:			State:		Zip:	
Phone Number:		Email:				
Emergency Contact:		-1	Pho	one:		
Primary Market Vehicle	Make	Mo	odel	Lice	ense	
One Time Vendor Regist	tration Fee: \$25	5.00	Due	with applica	ation submiss	sion.
If not accepted, fee will l					CK	
Booth Dimensions - 10'	wide by 18' dee	р		ental Fee: \$	30 n for additiona	u ¢os
			II availab	ile Z Dooti	i ioi additiona	11 \$ZO
Chec	ck date(s) to res	erved spa	ce & circle a	mount due.		
May 14 June	11 Jul 9	N	O ALIG S	ont 10		
			O AUG. 3	ept 10	Oct 8	
1 - \$30	2 - \$60					
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PRODUCT DESCRIPTION TYPES OF MATERIALS USED