



MINEOLA MAIN STREET FARMERS' MARKET VENDORS FORM

VENDER'S COMPANY NAME: _____

Please Print

VENDOR'S NAME: _____

Please Print (If not the same as Company Name)

ADDRESS: _____

PHONE: _____ CELL # _____ EMAIL: _____

(Home or Work)

PLEASE LIST THE TYPE OF PRODUCT/ITEMS YOU PLAN TO SELL:

1. _____ 3. _____

2. _____ 4. _____

I PLAN ON PARTICIPATING IN THE MINEOLA MAIN STREET FARMER'S MARKET **(CIRCLE MONTHS)**

MAY _____ JUNE _____ JULY _____

AUG. _____ SEPT. _____ OCT. _____


VENDORS WILL DETERMINE THE PRICES OF ITEMS TO BE SOLD AND PROVIDE THEIR OWN SIGNAGE, A DISPLAY TABLE AND CHAIR IF NEEDED. SOME VENDERS WILL WANT TO SELL DIRECTLY FROM THEIR TRUCK. SPACE IN THE PAVILION IS LIMITED. THE SPACES ARE ALLOCATED ON A FIRST COME BASIS, HOWEVER REGULAR VENDERS MAY RESERVE THEIR SPACES FROM WEEK TO WEEK. SPACES DO OPEN UP AS THE SEASON PROGRESSES AND PRODUCTS CHANGE.

IS THIS YOUR FIRST YEAR AT THE MARKET YES _____ NO _____

SIGNATURE: _____ DATE: _____

(Farmer's Market Volunteer Manager)

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