



**Equipment Required:** *(please list any equipment you will be bringing in)*

Equipment List:

**Vendor Type** *(Check all that apply )*

	<b>Producer</b> (i.e. Farmer, artisan etc.)
	<b>Retailer</b>
	<b>Service</b>
	<b>Other</b>

**Notes:**

1. Any and all equipment must be approved by local governing bodies such as ESA, CSA, TSSA, and the local fire department.
2. Unless otherwise noted all contracts are payable in advance of each quarter. Daily space is cash only paid the day of vending. There will be no refunds of any kind.
3. IF approved, any vendor selling food products will be required to apply to the health department for approval. Commercial/market kitchens must be used for food preparation. Food prepared in home kitchens will not be permitted.
4. It takes at **least two weeks** for your application to be reviewed. Once processed you will be contacted. You must be approved before you are permitted to vend.

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

*(\*I have read Market Policies and understand them fully)*

-----**Office Use Only**-----

Approved: \_\_\_\_\_      Contacted by: \_\_\_\_\_      Entered: \_\_\_\_\_

Approved for:              Daily: \_\_\_\_\_      Seasonal: \_\_\_\_\_      Inside: \_\_\_\_\_

Compliance:              Insurance: \_\_\_\_\_      Health Department: \_\_\_\_\_      Proof of Grower: \_\_\_\_\_

Comments:

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