

SUNSET VALLEY FARMERS MARKET ...and All the Rest Vendor Application

BUSINESS NAME: _____

CONTACT NAME: _____

SALES TAX # (if applicable): _____

MAILING ADDRESS: _____

BUSINESS ADDRESS (if different): _____

TEL: _____ **CELL:** _____

E-MAIL: _____

WEBSITE: _____

Please thoroughly list what you wish to sell, promote, accomplish, or what service you wish to perform at the market. ANYTHING you add after this point must be approved by Mkt. Director.

I hereby certify that all the information contained in this application is correct.

Signature: _____ **Date:** _____

Approved: _____ **Date:** _____

Tel: 512.443.0143 weekdays, 512.280.1976 Saturdays.