



APPLICATION
BAKER \$10/WEEK
MAY 13TH THROUGH OCTOBER 28TH 2017
MARKET GUIDELINES APPLY

Name _____
(Individual or Business and Owner)

Street Address _____

City _____ State _____ Zip _____

Phone(Day) _____ (Eve) _____

Email / Website _____

Please attach a copy of your food handler's permit and Health Department or Utah Department of Agriculture Certification.

Type of Goods (circle all that apply):

Baked Goods Prepared Foods Canned OTHER:

Please describe all items to be sold: (attach sheet if needed)

If you know which days you would like to attend or which months, please specify them here: (you will still need to confirm one week prior to each Saturday you intend to come.)

May 13th through October 28th 8am – 12 Noon **rain or shine every Saturday.**

I have read and understand the rules and guidelines of the Downtown Farmers Market. I certify that the goods I will bring to sell are made and produced by myself or within the business that I own. I understand that the Downtown Farmers Market may use my name and photographs for advertising purposes.

Signature(s) _____ Date _____

For the benefit of e-mail newsletters and space limitations within the courtyard we need to know one week in advance of all participating vendors for the next market. *Thank you.*

EMAIL: downtownfarmersmarket@YAHOO.com – Fax 435.656.0504 Phone 435.632-3721

FACEBOOK: <https://www.facebook.com/downtownfarmersmarketstgeorge>

WEBSITE: <http://www.farmersmarketdowntown.com>

Downtown Farmers Market 2 West St. George Blvd, St. George UT 84770 435.632.3721

