Poolesville Farmers' Market
Vendor Application Form - 2010 Season

Name: _____

Business Name: _____

Street Address: _____

Postal Address (if different): _____

Email: _____

Phone: numbers: _____

Names of major products you intend to sell at the market:

_____

_____

_____

Please circle the dates you plan to participate in the market:

June 25, July 30, August 27, September 10

The fee structure is:

- Residents of the Town of Poolesville -- $5
- Residents of zip codes 20837, 20841, 20838, 20839, 20842 (Poolesville non city limits, Boyds, Barnesville, Dickerson, Beallsville) -- $10
- Residents from other areas -- $15

Number of 15 x 15 spaces needed _____

Vendors are responsible for providing their own tents, tables, chairs and signage. Vendors will remove all trash and leave spaces clean.

I have read, understand, and agree to abide by the rules and fee structure of the Poolesville Farmers' Market.

_____ _____

Signature Date

Please mail your application and payment to Commissioners of Poolesville, P.O. Box 158, Poolesville, MD. 20837 Attn: Cathy Bupp.

Applications must be received one week prior to the market you plan on attending.