

FLINT FARMERS' MARKET VENDOR APPLICATION

APPLICANT INFORMATION

Name:

Business Name:

Phone:

Current address:

City:

State:

ZIP Code:

How many years in business?

FOOD VENDORS

Do you prepare food? Yes No

If you answered Yes to "Do you prepare food", what is the name and address of your site in which you prepare food?

What is your health department or department of agriculture license number (if applicable)?

VENDOR DETAILS

Describe what you plan to sell in full.

What Days of the Week are you interested in? Tuesdays Thursdays Saturday

When would you like to sell? Spring Summer/Fall Winter

Where in the market are you requesting space? Indoors Pavilion Lawn