

City of Palestine Farmers Market Vendor Application

Name:	Business Na	ame:	
Address:	City:	State:	Zip:
Phone: Cell F	Phone:	Email:	
Product Description (only vendon approved for this event)			
Only items listed on the applica	tion will be allowed. No	sharing of booth space. N	No CONSIGNMENT!
I would like to reserve a Daily vo	endor space for \$5 x	_ vendor space	\$
I would like to reserve a Weekly	vendor space for \$20	x vendor space	\$
I would like to reserve a vendor	space for Two Weeks for	or \$35 x vendor space	e \$
I would like to reserve on a Mo i	nthly basis for \$40 x	vendor space	\$
I would like to reserve Christma	as Season Nov.1-Jan. 15	\$50 x vendor space	e \$
		Total Payment Du	e \$
My check # is enclo Valid Texas State Sales Tax No		, if required.	
*Make checks payable to the C Queen St. Palestine TX 75801 o Email application to dshultz@p	r Call 903-731-8437 to n		•
Days of Week: Monday Tue	sday Wednesday	_Thursday Friday S	aturday Sunday
Application Agreement: By reg Farmers Market Guidelines. Ve Space allotted is at the discretion vehicles please. Vendor parking losses in sales or inventory due deny participation to a vendor	endors will supply all ma on of the City of Palestine g will be available. The C to weather or other inci	terials for set up, display a e. No pets allowed on the ity of Palestine will NOT b dent. The City of Palestine	and / or demonstration. e property or in e responsible for any
I have read and accept the abo	ve Application Agreeme		
		Signature o	ot Vendor

NO REFUNDS WILL BE GIVEN FOR ANY REASON