



ESTHERVILLE  
AREA CHAMBER OF COMMERCE

# Downtown Market Vendor Registration Form 2024

Vendor Information: Please print clearly!

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Cell#: \_\_\_\_\_  
Website: \_\_\_\_\_

What Items will you be selling:

\_\_\_\_\_

I am selling commercial items: YES/NO If yes please provide name: \_\_\_\_\_

I am approved for Farmers' Market Nutrition Program (FMNP): YES/NO

I am approved as a WIC Vendor: YES/NO

***Vendors cannot start to set up before 3:30.***

**Vendors may drive up to unload and then move their vehicle, so marketgoers have space to pull up and shop. If you have a special request, please contact the Chamber.**

I am aware that it is my responsibility to obtain all permits & licenses required for the sale of food items by the state & local health authorities. It is also my responsibility to obtain a temporary sales tax permit for the sale of my non-food items if applicable.

There is a seasonal fee for market participation: **Chamber Members \$25** and **Non Members \$30**. All vendors, regardless of when they join the market, are required to pay this fee.

I have read and am aware of the market rules and agree to abide by them.

I further agree not to hold "The Downtown Market" or "Estherville Area Chamber of Commerce" responsible for any loss or damage to person or property that might occur during or as a result of the market.

\_\_\_\_\_  
Name of Vendor

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Date

Please return signed & completed form with payment to:  
Estherville Area Chamber of Commerce  
620 1<sup>st</sup> Ave. South  
Estherville, IA 51334  
[echamber@gmail.com](mailto:echamber@gmail.com) or fax 712/362-7742

Office Use Only:

Payment received

Date \_\_/\_\_/\_\_

Cash  Check # \_\_\_\_\_

**Please be sure to "like" the Chamber Facebook page as we will use this resource to place DTM announcements.**