

## Downtown Market Vendor Registration Form 2023

Vendor Information: Please p	orint clearly!	
Business Name: Address: Phone#: Email:	City, Sta Cell#:	Name: te & Zip:
What Items will you be selling	<u>g:</u>	
	ns: YES/NO If yes please provide Market Nutrition Program (FMNF Indor: YES/NO	
Vendors cannot	t start to set up b	efore 3:30.
	e space to pull up a	then move their vehicle so and shop. If you have a special request
	es. It is also my responsibility to	licenses required for the sale of food items by the o obtain a temporary sales tax permit for the sale
	narket participation: <b>Chamber</b> nen they join the market, are rec	Members \$25 and Non Members \$30. quired to pay this fee.
I further agree not to hold "-		abide by them. erville Area Chamber of Commerce" responsible ur during or as a result of the market.
Name of Vendor	Signature of Vendor	Date
Please return signed & comp Estherville Area Chamber of 620 1 <sup>st</sup> Ave. South Estherville, IA 51334 echamber@gmail.com or fax	Commerce	Office Use Only:  O Payment received  Date//  O Cash O Check #

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