

DOWNTOWN TOPEKA FARMERS MARKET

VENDOR APPLICATION 2020

Are you a new vendor? Yes _____ No _____

Company Name: _____ Date _____

Contact Person: _____ OR _____

Address _____ City _____ State _____ Zip Code _____

Telephone/Cell Phone _____

Email Address _____

Emergency Contact information Should you become ill or require medical care, who should we contact?

Name _____ Phone _____ Relationship _____

Vehicle Make, Model, Tag Number _____

From time to time the market may be asked to provide information on our vendors. Do you wish to have your information released? Yes _____ No _____

Signature _____ **KANSAS SALES TAX NUMBER** _____

Would you like to be included on our website? _____ Yes _____ No

Is this application for a full season? _____ Yes _____ No Is this application for individual Saturday sales, and if so, how many Saturdays do you intend to sell on? _____

Please describe in detail the items you intend to offer for sale. Your offerings will be reviewed by the management/Board Members from time to time.

By signing this form, you certify that all information is correct and hereby agree to be bound by the terms, rules and provisions of the Handbook/Bylaws of the Downtown Topeka Farmers Market.

Applicant Signature: _____ Date: _____

Please make checks payable to: DTFM or Downtown Topeka Farmers Market. Mail your application and payment to PO Box 67171 Topeka, KS 66667. Or scan and email it to Topekafarmersmarket@gmail.com
785-249-4704 Market Cell