



VENDOR APPLICATION 2021

Are you a new vendor? Yes ___ No ___ How many spaces would you like to use? _____

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 _____

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 _____

Would you like to be included on our website? **Yes NO KANSAS SALES TAX NUMBER** _____

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 print or write clearly.

Mail Application and payment to PO Box 67171 Topeka KS 66667 Make check payable to: DTFM or Downtown Farmers Market. Email topekafarmersmarket@gmail.com Market cell # 785-249-4704