



CITY OF MAITLAND FARMERS' MARKET



APPLICATION FOR MARKET VENDOR CONSIDERATION

1776 Independence Lane, Maitland FL 32751

Contact Mari Smith 407-539-6268 Fax 407-539-6282

msmith@itsmymaitland.com

Application request date: _____

Vendor Name Or Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Cell Phone: _____ Other: _____

We are interested in selling the following items: Attach one photo of display

If your application is approved, the date you would like to begin: _____ 2018

Is electricity needed? Yes or No (circle one) How much: _____

Space size? _____

By signing below, the applicant acknowledges his/her understanding that this Application for Consideration does not reserve a Farmers Market space. **The applicant further acknowledges that this application places them/their business on a waiting list, based on space availability within a product category.**

Signature: _____ Date: _____