

2017 DOWNTOWN FRANKLIN FARMERS MARKET
VENDOR APPLICATION

Vendor/Business Name: _____

Address: _____

Phone: _____ Email: _____

Contact Person: _____ Phone: _____

Provide a # where you can be reached
on Fri pm/Sat am

The 2017 Market will run from June 3rd - September 30th. We are asking vendors to commit to the entire 18 Saturday season; however, the DFFM Committee will allow preapproved absences.

Please indicate any Market days you will ABSENT by checking the appropriate boxes below:

- | | | | |
|----------------------------------|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 3 | <input type="checkbox"/> July 1 | <input type="checkbox"/> August 5 | <input type="checkbox"/> September 2 |
| <input type="checkbox"/> June 10 | <input type="checkbox"/> July 8 | <input type="checkbox"/> August 12 | <input type="checkbox"/> September 9 |
| <input type="checkbox"/> June 17 | <input type="checkbox"/> July 15 | <input type="checkbox"/> August 19 | <input type="checkbox"/> September 16 |
| <input type="checkbox"/> June 24 | <input type="checkbox"/> July 22 | <input type="checkbox"/> August 26 | <input type="checkbox"/> September 23 |
| | <input type="checkbox"/> July 29 | | <input type="checkbox"/> September 30 |

I want to sell (list items; be as specific as possible): _____

* You must attach copies of any licenses/certifications required to sell the items listed above.
* If you are applying as an arts & crafts vendor, you must attach pictures of the items you wish to sell.

I want to sell food items that are: cooked on site pre-cooked

I need an electric outlet: Yes No

By signing this application, the vendor is acknowledging that he/she has read the Rules & Regulations and agrees to be bound by same (Please keep the Rules & Regulations for your records). The vendor further acknowledges and agrees he/she has no legal right to participate in the Farmers Market and may be asked to leave for violations of the Rules & Regulations.

Signature Date

Printed Name & Title

Return completed application to: DFFM Committee
c/o City of Franklin
1 Benjamin Franklin Way
Franklin OH 45005
dfisher@franklinohio.org or doalfi69@gmail.com