

**VENDOR APPLICATION
KILMARNOCK FARMER'S MARKET
FOURTH SATURDAY OF THE MONTH – MAY
THROUGH OCTOBER**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____ Cell: _____

EMAIL ADDRESS: _____

TYPE OF PRODUCT BEING SOLD: _____

FOR MONTH OF: _____ OR ENTIRE SEASON _____

SPACE REQUIREMENTS:

SIZE	COST	QUANTITY	TOTAL
10' X 10'	\$20.00	_____	_____
10' X 15'	\$25.00	_____	_____
Less 20% if paying for entire season (by 5/20/08)			()

TOTAL DUE: _____

Send to:
Kilmarnock Farmer's market
c/o Brian McArdle
204 Natty Point Lane
Kilmarnock, Va. 22482

PAYMENT MUST ACCOMPANY ALL APPLICATIONS

**PLEASE NOTE: ALL VENDORS MUST BE ON SITE BY 8:30 AM
FOR OFFICE USE ONLY**

BUSINESS NAME: _____

PAID _____ MONTH _____ ANNUAL

SITE REQUIREMENTS: _____

SITE NUMBER: _____