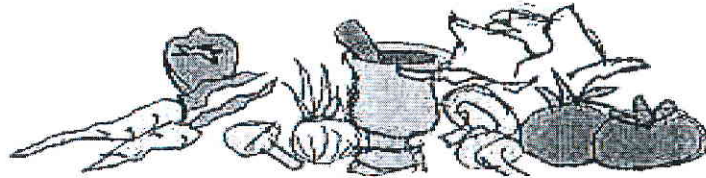


CRESCENT CITY FARMERS' MARKET



FARMERS MARKET APPLICATION

Name: _____

Address: _____

City _____ ST _____ Zip Code _____

Day Phone (_____) _____ Night Phone (_____) _____

Mobile (_____) _____ E-mail _____

Licenses (please fill in all that apply).

Sales Tax # _____ Health Dept # _____

Fire Permit # _____ Ag & Markets # _____

Please attach a copy of Peddlers License, if it applies.

Please circle your anticipated selling season by circling the months you intend to begin and end your selling:

Oct Nov Dec Jan Feb Mar April May June July August Sept

When your completed application and fees are received you will be contacted to confirm your space. If you are selling ready to eat foods such as cheese, wine, honey, jams, jellies or natural crafts or you are a food vendor, you may be subject to a review to approve your application.

I am requesting _____ number of 10 x 10 space(s) at \$10.00 per space \$ _____

I am a Food Concession requesting _____ number of 10 x 20 space(s) at \$25.00 per space \$ _____

Total included \$ _____

Please mail application and check to :

Crescent City Farmers Market
C/o Darius Trunk
334 Central Av
Crescent City, Florida 32112

Please make checks payable to: **City of Crescent City**