

OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

Seasonal Fee (\$250)     Daily Fee (\$25)    Date Fee Received \_\_\_\_\_

License Needed     License Received    Date License Received \_\_\_\_\_



## BELLAIRE FARMERS MARKET

# 2026 VENDOR APPLICATION



### VENDOR TYPE (check best fit)

Farm     Farm/Food     Farm/Craft     Food     Food/Craft     Craft

I plan to sell:     May     June     July     Aug     Sept     Oct

**Date that I plan on starting to sell at Market:** \_\_\_\_\_

Years involved with Bellaire Farmers Market: \_\_\_\_\_

Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Parent and/or Guardian (if primary is under 18 years of age): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip)

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

List family, friends, or employees who will be vending at the market:

Bellaire Farmers Market is NOT a re-sell market. Check with the Market Manager to determine whether we are the right market for you.

Do you grow or make your own products?     YES     NO

If you answered NO, who is your supplier? \_\_\_\_\_

List all products (utilize back of form if you run out of space):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest that the above information given is true and in no way a misrepresentation of my products.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_