

# 2010 GROVE CITY CHAMBER FARMERS' MARKET APPLICATION

Return to: The Grove City Area Chamber of Commerce  
4069 Broadway, Grove City, OH 43123  
(614) 875-9762

Office Hours: Monday through Friday, 9:00 a.m. to 4:00 p.m.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Farm Name \_\_\_\_\_

Group/Organization \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code

## Space Preference:

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_ Third Choice \_\_\_\_\_

I understand the cost to reserve one space for the entire 10 weeks is \$170 and each additional space for the entire 10 weeks is \$140. For those vendors who reserve spaces on a week to week basis, the cost is \$20 per space. **Maximum of 4 spaces per day allowed.** Please include payment with your application.

I will be participating in the **2010 Grove City Farmers' Market** on the following dates (**Check all that apply**):

July 2010       July 10                       July 17                       July 24                       July 31

August 2010       Aug 07                       Aug 14                       Aug 21                       Aug 28

September 2010       Sept 04                       Sept 11

**Vendor Information: Each participant must display a Vendor's License.**  
**(We will provide this to you, and you must display the Vendors License every week.)**

**I plan to sell the following products from my table/truck:**

**Please check all that apply:**

Vegetables       Fruits       Plant Materials (describe) \_\_\_\_\_

Live Cut Flowers       Dried Flowers       Live Pots/Baskets

Food Items: \_\_\_\_\_

**Prepared food items must be made by you, from items grown or raised by you, and cannot be packaged in individual servings.**

I have read the rules for the **Grove City Farmers' Market** and agree to abide by the said rules as advertised by or designated by the Market Master. The Market Master has the authority to investigate complaints and execute the Farmers' Market rules and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(FOR OFFICE USE ONLY)

1 Space @ \$17.00 + \_\_\_\_\_ Space(s) @ \$14.00 \_\_\_\_\_ = \$ \_\_\_\_\_ OR Individual Week @ \$20.00 \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Space(s) Assigned \_\_\_\_\_

Cash \_\_\_\_\_ Check No. \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Exp Date \_\_\_\_\_