



2024 Vendor Interest Form

Vendor Name: _____

Contact Name: _____

Mailing Address:

Contact Phone Number: (____) _____ - _____

Email: _____

Please check the market days that you would like to attend:

March 2 April 6 May 4 June 1

July 6 August 3 September 7 October 5

What homegrown produce or product do you plan to sell?

Where do you grow and/or make the product(s)? Please provide address if different than one listed above.

Applicant Signature

Date



Contact:
Ashley Thomas
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254-964-2309