



2023 VENDOR APPLICATION

Vendor Name: _____ Contact Name: _____

Mailing Address: _____

Contact Phone Number: (____) ____-____ Email: _____

Please check the market dates in which you would like to attend:

May 6 June 3 July 1 August 5 September 2 October 7

What Produce or Merchandise do you plan to sell?

Where do you grow and/or make these product(s)? Please provide address if different from prior listed vendor address.

Applicant Signature

Date



Please send applications to:
mainstreet@stephenvilletx.gov