

2024 VENDOR APPLICATION

Vendor Name: _____ Contact Name: _____

Mailing Address: _____

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

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

March 2

April 6

May 4

June 1

July 6

August 3

September 7

October 5

November 9

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