



of College Hill

2010 Vendor Application

Vendor Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Fax: _____

E-Mail: _____

Website: _____

Vendor Plans:

- 20 Market season – \$120 in advance (space preference and space reserved for the whole season) \$6 per market
- Monthly \$35/Month if paid the first week of the month (indicate which months) \$7/Market
 June July August September
- Weekly – \$ 10/week (circle to indicate which weeks):

May 27	June 3	June 10	June 17	June 24	
July 1	July 8	July 15	July 22	July 29	
August 5	August 12	August 19	August 26		
September 2	September 9	September 16	September 23	Sept 30	October 7

Do you require electricity?	Yes	No
Do you have insurance coverage?	Yes	No
Do you have all required licenses and permits?	Yes	No
Are you eligible to take WIC coupons?	Yes	No
Are you eligible to take EBT?	Yes	No

