

Tift Park Community Market

Please TYPE or NEATLY PRINT.

Date: _____

Applicant's Name: _____

Phone: _____

Address: _____

Email Address: _____
(Very Important)

Business Name: _____

Business Phone: _____

Business Address: (Where is your product made/grown if not your primary residence?)

What do you plan to sell? Please be very specific. For example, identify ways that make your product unique. If what you intend to sell is an existing product at the market how do you bring a new approach to that product.

How long have you been making your product(s)?

Are you the sole maker of your product? If not, please clarify who makes or grows the products you intend to sell? If you have employees please clearly explain their role in the business.

Do you attend other markets, shows, or venues where you maintain a display booth or stand?

Please list:

Do you currently have other outlets for your products (e.g., grocery stores, restaurants, retail shops)?

Please list:

In the space below please include any other information or comments you feel might be pertinent regarding you vending at the Tift Park Community Market.

Applicant (Print Name)

Applicant (Signature)