



Camden Farmers Market Vendor Application

Vendor's Name: _____

Business/Farm Name: _____

Website: _____ E-mail: _____

Address _____

City: _____ State: _____ Zip Code _____

Phone 1: (____) _____ Phone 2: (____) _____

Please provide the following information to help us assign booth locations:

Type of Vendor: Produce Vendor _____ Baked/Processed Foods _____ Artisan/Crafter _____

Type of Vehicle:

List any special requests on booth location:

Please provide a description of the items you plan to sell (use back if necessary):

I have read, understand, and agree to follow the attached rules.

Signature: _____ Date: _____

Please bring completed form to the Market Manager Patty Cole or Camden Comeback representative at the Camden Farmers Market with payment (\$50 for season or \$10/per market).

Please contact us with questions:

DONNA CROSS

Cell: 937.533.1383

Email: camdencomeback45311@gmail.com