

2017 FARMERS MARKET REGISTRATION



Business Name to be displayed on Vendor's Card:

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Cottage Law Registration #: _____

Products/Goods/Merchandise You plan to sell: _____

I only plan to vend for a limited number of weeks (Circle Answer) Yes No
If "Yes," please provide the start and end dates you plan to vend:

Additional Comments: _____

Please complete and return this form and the ST19 Operator Certificate of Compliance form with your payment of \$50.00 payable to the Glencoe Area Chamber of Commerce or GACC. Your paid registration must be received by May 19, 2017 or you may lose your space.

**Glencoe Farmers Market c/o Glencoe Area Chamber of Commerce
1107 11th Street East, Suite 104 Glencoe, MN 55336 | (320) 864-3650**

Grow It, Sew It, Make It, Bake It