

VENDOR APPLICATION

SATURDAYS 2019 - June 1-September 7 (9:00am-Noon)

Applicants Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business phone: _____

Email Address: _____

Website Address: _____

Business Facebook Page: _____

Please list in detail ALL items that you intend to sell at the Midtown Market below:

Please find my full deposit attached for the 2019 season: _____ \$

(Checks made out to Katie's Cup)

Terms and Conditions:

- Vendors will be selected to participate in the Midtown Market based on availability and type of product based on our current market needs.
- All vendors intending to be a part of the Midtown Market must complete this application.
- Check made out to Katie's Cup & mail: Katie's Cup at 502 Seventh Street; Rockford, IL 61104
- Email application to rockfordmidtownmarket@gmail.com
- Vendor applications will not be processed until we receive your payment.
- All products, including any new products, a vendor plans to introduce during the season must be approved by the Midtown Market Team in writing prior to selling.

By signing below, I acknowledge that I have read and agree to the terms as described above and that this application does not guarantee or reserve space at the Midtown Market for me or my business; by submitting this application my business will be consider for the 2019 season. I also acknowledge that I have read and will follow the Rockford Midtown Market guidelines should I be allowed to participate in the Rockford Midtown Market.

Vendor Signature _____

Date _____

(Revised 2-20-19) For Office Use Only:			
Date Rcvd: _____	Cash or Check#: _____	Amount Paid: _____	Initial: _____