



# 2022 Vendor Application

Date fees paid: \_\_\_\_\_ Acct no. 161  
\_\_\_ Cash                    \_\_\_ Credit Card  
\_\_\_ Check #: \_\_\_\_\_  
\_\_\_ Inv. #: \_\_\_\_\_  
Received by: \_\_\_\_\_

## Contact Information

Name of Contact: \_\_\_\_\_  
Business Name: \_\_\_\_\_ MD Tax ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_ Twitter: \_\_\_\_\_

Did you participate in the 2020 Market? \_\_\_ Yes \_\_\_ No

Do you participate in Food Assistance programs? *Vendor is solely responsible for abiding by program rules, regulations, and guidelines.* \_\_\_ Yes \_\_\_ No Please specify: \_\_\_\_\_

I am applying for:

Full Season:

Occasional/Daily:

\_\_\_ \$189.00 New Vendor

Number of days: \_\_\_\_\_ x \$25.00 New Vendor

\_\_\_ \$94.00 Returning Vendor

\_\_\_\_\_ x \$12.50 Returning Vendor

+ \$20.00 one-time application fee

Total Due: \$ \_\_\_\_\_

I certify that the products for sale in my stall are made, baked, or grown by myself as required by the Perryville Farmers Market Rules and Regulations. I agree to follow all rules and regulations of the Town of Perryville’s Farmers Market and commit to provide goods on scheduled market days.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Season Vendors only: Please rank, in order of preference, your choice of stall location. Choose at least three.

1	6	11	16	21
2	7	12	17	
3	8	13	18	
4	9	14	19	
5	10	15	20	

All Vendors: Choice of booth location is not guaranteed. Booth locations are assigned on a first-come, first-serve basis.



Note: Map not to scale. Vendor stall and electrical outlet locations are approximate.

