

2025 Vendor Application Form (subject to approval)

Please **PRINT** Legibly

Name(s) (List all): _____

Business Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Is this vendor space for a minor child? (16 and under) Yes ____ No ____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Non-Profit Name: _____

Non-Profit EIN: _____

Items that you wish to sell, be specific (subject to approval):

Any produce grown by you is approved to sell

Primary Product: _____

Secondary Product(s) (List ALL items): _____

Do you authorize your products to be shared on the Muscatine Area Farmers Market Inc. social media if applicable? Yes ____ No ____

Website name: _____

Social Media Name: _____

Social Media Platform: _____

Do you authorize your contact information to be shared with customers if they ask for it? Yes ____ No ____

Are you authorized to accept WIC/Senior Farmers Market Nutrition Vouchers?

Yes ____ No ____

Do you accept SNAP? Yes ____ No ____

By signing your name, you agree that you have read and agree to abide by ALL the Muscatine Area Farmers Market Inc. rules including social media policy.

Signature: _____ Date: _____