

2026 Vendor Application Form (subject to approval)

Please **PRINT** Legibly

Name(s) (List all): _____

Business Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Returning Vendor _____ New Vendor _____

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 _____

Do you accept Iowa FMNP coupons Yes _____ No _____ Certificate Number _____

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: _____