



Name of Principal Vendor: _____

Name of Booth: _____

Mailing Address: _____

Best Phone Number: _____

Email Address: _____

Website, Social Media Tags: _____

Are you going to offer tastings of your products? Yes No

If Yes, have you undergone sampling trainings and received a sampling certificate? Yes No

List of Products/Crops to be Sold:

Jewelry, art or craft sample submitted for review? Yes No

Annual Membership Fee: \$40.00

Weekly Membership Fee: \$10.00

Amount Due Upon Acceptance: _____

****Make checks payable to Gallatin County
Public Library.**

****For more information, email Mirasol at
marketmanager@gallatincpl.org. If urgent, you
may call her at 502 514-3898.**

By signing this application, I agree that:

1. All applications are subject to review by market manager
2. I have read and understood the attached rules
3. I will not hold the Gallatin County Public Library responsible for any accidents or loss of property
4. If needed, I will obtain all applicable permits and licenses from local, state or federal agencies

Signed: _____ Date: _____