



Name of Principle 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:

Annual Membership Fee: \$25.00

Weekly Membership Fee: \$5.00

Amount Enclosed: _____

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

****For more information, call
Susan @ (513) 388-8055**

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: _____