



Uptown Market Vendor Application

www.uptownmarket.org Summer 2010

Company/Store/Farm Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Please circle preferred method of communication:

Email: _____

Phone Email Mail

Website: _____

Did you sell at Uptown Market in 2009? Yes No

Vendor Preference (please circle)

A. Weekly B. Monthly (please circle preference of week: 1st 2nd 3rd 4th)

C1. Occasionally: Please indicate dates: _____

C2. Once (Date: _____)

Type of Vendor:

Produce non-organic organic specialty other: _____

Prepared Food please describe: _____

Arts/Crafts please describe: _____

Nonprofit Organization please describe: _____

Other please describe: _____
