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Business/Farm Name_____

Contact Name_____

Address_____

City_____State_____Zip_____

Phone (___)_____Cell Phone (___)_____

Email_____

Website_____

Season Vendor ☐ **$150.00 per space** Return payment with completed application. Make checks payable to: North Canton Farmers Market	**Weekly Vendor** ☐ **$10.00 per space** *Due on arrival at the market

List all items you wish to sell & approximate from/to dates items will be available:

Items	**Approximate Availability Dates**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

No. Spaces_____ Require Electricity? Yes ____No____

Require parked vehicle at your space? Yes ____No___Vehicle type & size_____

**Vehicle may stay at space only if it is required to sell items (i.e. produce sold from the back of a pickup truck)*

Please circle the **Saturdays** you plan to participate as a market vendor:

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