

McCall Farmers Market

Vendor Application

Vendor Name: _____

Business Name: _____

Booth worker if different than above: _____

Email: _____ Phone: _____

Mailing Address: _____

Website Link: _____

Facebook Link: _____

Instagram Link: _____

Please Circle Vendor Type: Producer Artisan/Crafter Value Added Ready Eat

Items to sell at Market (please list in detail so we can publicize for you):

Size of booth: _____

Accepted payment types: _____

Vendor State Sales Tax # (required after acceptance) _____

Please circle or check your intended participation dates

Wed/June	Sat/June	Wed/July	Sat/July	Wed/Aug	Sat/Aug	Wed/Sept	Sat/Sept
N/A		2	5		2	3	6
N/A		9	12	6	9	10	13
11	14	16	19	13	16	17	20
18	21	23	26	20	23	24	27
25	28	30		27	30	OCT 1	OCT 4