

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		3	6		3	4	7
N/A		10	13	7	10	11	14
12	15	17	20	14	17	18	21
19	22	24	27	21	24	25	28
26	29	31		28	31	OCT 2	OCT 5