The Flowery Branch Farmers Market - 2019 Application

Contact Name	9:				
Phone #: (Cel	I)		Home:		
Vendor / Busi	ness Name:				
Address:					
City:		Zip:			
		hing you plan to sell. u		r if more room is needed	
The Flowery Br		will be held every Thur		6:30 pm (Rain or Shine)	
		r at: 5305 Railroad Ave			
		checked or Prior Notic plan to attend: Entire S	-	Entry / Membership Fee**	
May 2nd	d May 9t	h May 16th	n May 23	rd	
May 30th	June 6th _	June 13th	June 201	th	
June 27t	h July 4th _	July 11th	July 18th	۱	
July 25	Aug 1st	Aug 8th	Aug 15th	Aug 22nd	
Aug 29th	Sept 5th	Sept 12th	Sept 19th	Sept 26th	
Returning Ver	dor Applications a	nd checks are due t	by March 31st - To	hold your position	
	•	e for the 2019 season is			
		-		and Rules for the Market e by all rules and terms.	
Signature:	ature: Date:				
Send Check or	Money Order to: M	ark Fantom - in the I	For (section): of ye	our check: 2019 FBFM	
Address to: Mark	Fantom				
	Lanier Heights Circle	9			
Bufo	rd, GA 30518				
PLEASE INCLU	DE A COPY OF ALL F	REQUIRED CURRENT L	ICENSING WITH YO	UR APPLICATION	