

Fountain Hills Farmers Market

2025/2026

Vendor Business Name: _____

Business Owner Name Printed: _____

Vendor Business Address: _____

Must list all Products Vendor Intends to Sell: use back if needed.

How many 10 X 10 spaces needed: _____

\$30 = 1 \$45 = 2 \$60 = 3 or more

Business Phone Number: _____

Vendor Email Address: _____

Person working the booth _____

Workers phone # _____

Vendor Website: _____

Social Media - Facebook _____

Instagram - @ _____

Town of Fountain Hills Business License # _____
Must be current and is Mandatory for ALL Vendors, or receipt of
your payment, fill in applied.

Do you have a 10 x 10 straight leg tent? _____

NEW you must have FOUR 30 lb weights (one per leg), which
attach to tent? _____ This is mandatory to set up!

Comments? How can I be of further service to you? _____

Maricopa County Health Permit #

Vendor Signature: _____

Date: _____

Please return ASAP * Call with questions (480) 227-6113.

Email in PDF format - betsylovesgolf@gmail.com

\$50 Application fee is due AFTER you have been accepted! Paid in
cash or Zelle.

Send to

Betsy Hess

11011 N. Zephyr Dr. Unit 203

Fountain Hills, AZ 85268

Obtain Fountain Hills Business License after acceptance online go
to - www.fountainhillsaz.gov Business, then Business License