



Surfside Sunshine Market Application*

*Application does not ensure participation

APPLICANT'S NAME _____

BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

E-MAIL (PLEASE PRINT) _____

LIST ALL ITEMS YOU WISH TO SELL AND WHERE PRODUCED:

LIST ALL MARKETS YOU PARTICIPATE OR PLAN ON PARTICIPATING IN:

WHO IS THE OWNER OF THE BUSINESS LISTED ABOVE?

WHO WILL BE THE ON-SITE MAIN REPRESENTATIVES OF THE ABOVE BUSINESS?

New Vendors Only

**DESCRIBE YOUR BOOTH SET-UP & SIZE REQUIREMENTS.
(OR PROVIDE A PICTURE)**

LIST DATES YOU WISH TO BEGIN AND END PARTICIPATION.

START DATE: _____

END DATE: _____

LIST DATES YOU WILL NOT BE ABLE TO ATTEND.

HOW MANY SPACES DO YOU WANT TO RENT?

SEND TO:

Surfside Sunshine Market

P.O. Box 100747

Cape Coral, Fl. 33910

Or

Fax to- 549-9609

For more information contact: Claudia St. Onge 549-6900 x 101

Or email cso@capecoralchamber.com

I have read and understand all guidelines. _____
Initial here

All my employees have read and understand all guidelines. _____
Initial her