



## 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:

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### LIST ALL MARKETS YOU PARTICIPATE OR PLAN ON PARTICIPATING IN:

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### WHO IS THE OWNER OF THE BUSINESS LISTED ABOVE?

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

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**New Vendors Only**

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

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**LIST DATES YOU WISH TO BEGIN AND END PARTICIPATION.**

**START DATE:** \_\_\_\_\_

**END DATE:** \_\_\_\_\_

**LIST DATES YOU WILL NOT BE ABLE TO ATTEND.**

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**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](mailto:cso@capecoralchamber.com)**

**I have read and understand all guidelines.** \_\_\_\_\_

**Initial here**

**All my employees have read and understand all guidelines.** \_\_\_\_\_

**Initial her**