



Cape Coral Farmers Market Application*

2018-2019 Season

Oct. 6, 2019 – May 9, 2020

*Application does not ensure participation

Please Print Clearly

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, WHERE PRODUCED AND BY WHO:

DO YOU ACCEPT CREDIT CARDS? YES NO

LIST ALL MARKETS YOU PARTICIPATE IN:

WHO IS THE OWNER OF THE BUSINESS LISTED ABOVE?

LIST ALL ON-SITE PERSONNEL :(PLEASE PRINT CLEARLY)

**SUBMIT A PICTURE OF YOUR BOOTH SET-UP.
(NEW VENDORS ONLY.)**

SEND .JPG TO CSO@CAPECORALCHAMBER.COM

LIST DATES YOU WISH TO BEGIN AND END PARTICIPATION.

START DATE: _____

END DATE: _____

List any dates you will not be participating:

HOW MANY 10X10 SPACES DO YOU WANT TO RENT?

SEND TO:

Cape Coral Farmers 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 cs@capecoralchamber.com

I have read and understand all guidelines. _____

Initial here

All my employees have read and understand all guidelines. _____

Initial Here