



## Mid-Cape Market

**\*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:**

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**DO YOU ACCEPT CREDIT CARDS?      YES       NO**

**LIST ALL MARKETS YOU PARTICIPATE IN:**

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

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

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**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:**

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

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

**Initial here**

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

**Initial Here**