

2016 Farmers Market Application



Please fill out the application and turn in at the
Wells Area Chamber of Commerce with payment. (Office Hours: Mon & Wed 8-4 pm)
Mailing Address: Wells Area Chamber of Commerce • PO Box 134 • Wells, MN 56097

VENDOR INFORMATION:

Business Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Emergency Contact: _____ Phone: _____

Website: _____ Facebook: _____

Category (check all that apply)

- Fruits/Vegetables Prepared Foods
 Plants/Flowers Candy/Confections
 Baked Goods Other: _____

COST: \$30/season or \$5/day - Check one: Season Day(s) - specify date(s)

MARKETING:

If you've provided a website or facebook information about your business, we will be happy to post it on the Chamber website (www.WellsAreaChamber.com)

Would you like your information posted to our website and/or Facebook? Y N

Business Name (please print): _____

Business Representative (please print): _____

VENDOR SIGNATURE _____ Date: _____

Office use:

Payment Method: _____

Ref #: _____

Date: _____

**THANK YOU FOR
SUPPORTING
THE MARKET!**