



## VENDOR APPLICATION

I CERTIFY THAT I HAVE READ THE "TOP OF THE HILL FLEA & FARMER MARKET" RULES AND REGULATIONS, VENDOR INFORMATION, INCLUDING ALL MANAGEMENT DISCLAIMERS AND HEREBY AGREE TO AND WILL ABIDE BY AND OBEY ALL OF THE ABOVE.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

VENDOR SIGNATURE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SPECIFY BUSINESS NAME \_\_\_\_\_ or (circle) GARAGE SALE

BOOTH NUMBER(S) REQUESTED \_\_\_\_\_  INDOOR  OUTDOOR TABLE RENTAL \_\_\_\_\_ (\$5.00/TABLE)

DATES REQUESTED \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

D.O.B. \_\_\_\_\_

NYS TAX ID NUMBER \_\_\_\_\_

**\*\*PLEASE FAX A COPY OF YOUR APPLICATION AND GENERAL LIABILITY INSURANCE DECLARATION WITH "TOP OF THE HILL FLEA & FARMER MARKET" LISTED AS AN ADDITIONAL INSURED TO (315)820-4112\*\***

**ALSO BE SURE TO INCLUDE COPIES OF ANY APPLICABLE LICENSES OR CERTIFICATES**

If you do not have access to a fax machine you may mail a copy of the application to:

TOP OF THE HILL FLEA & FARMER MARKET

C/O AMYJO PFEIFER

1252 Lake Street, Cleveland NY 13042

or you may EMAIL it to: [ppfeifer1@twcny.rr.com](mailto:ppfeifer1@twcny.rr.com)