

Downtown Farmers Market of Manhattan, Inc.

P.O. Box 485

Manhattan, Kansas

2017 Yearly Stall Fee Payment

Business Name: _____

Vendor Name: _____

Stall Numbers: _____

Total Amount Paid (# of Stalls X \$150.00): _____

Signature of Primary Business Owner

Date

By signing the above the primary business owner acknowledges that they are paying for the entire market season in regards to the Saturday market only. The primary business owner also acknowledges that paying this stall fee does not count toward the 80% attendance requirement for reserving stall spaces. In addition the primary business owner acknowledges that this fee is non-refundable. No refunds will be issued for rain days or if the vendor is unable to attend market that particular Saturday. The board of directors reserves the right to make exceptions.

Mail this form plus payment to:

Downtown Farmers Market of Manhattan, Inc.

Attn: Market Manager

P.O. Box 485

Manhattan, KS 66502

Market Use Only

Date Received: _____

Total Amount Received: _____

Stall Numbers: _____

Receipt Number: _____

Received By:

Date: