

2019 Clifton Forge Downtown Market

Vendor Application

Name: _____

Address: _____

Email: _____ Phone: _____

Business name (if applicable): _____

Items you wish to sell: _____

Do you have vendor/business insurance? (yes) or (no) if yes provide name of Company & Policy #

Have you previously participated in this market? _____

Do you have a preference of location between the ACE side of the street or SONA bank side of the street? _____

Full Season June 13 - August 29 (\$30) or Week by Week (\$10)

Market Committee member to fill out Fees Paid:

Date: _____ Cash/Check: _____ Received by: _____

Season: _____ One week: _____