

Waimea Homestead Farmers Market Inc. - Vendor Application

Name:_____

Mailing Address:_____

Phone No:_____ **cell** _____

email:_____

Names of those who will be selling: (must be 18 or older)

Were you ever a vendor at the Waimea Homestead Farmers Market Inc?

Yes_____ **When?**_____ **No**_____

Other Markets that you vend at_____

List items you wish to sell:(be very specific-do NOT write vegetables:)_____

When will you be vending:Full time_____, **Part time**_____, **First Saturday only**_____

When can you start?_____.

I request permission to sell at the Waimea Homestead Farmers Market Inc. I will be given a copy of the Market rules if accepted.

Vendors Signature:_____

Date:_____

Return this application to: Waimea Homestead Farmers Market Inc.

P.O. Box 437261

Kamuela, Hawaii 96743

or hand deliver to Cynthia (Aunty "C") Spencer or Fax to 808-885-0667

You will be notified about your application once the Board of Directors has reviewed it.