



2025 Farmers Market Application Vendor Request for Permission to Sell

Vendor/Business

Name: _____

Contact Name(s): _____

Sales Tax#: _____ Business Liability Insurance? Y__N__

Address: _____

Phone: _____ Email: _____

SocialMedia/Website: _____

Please provide a brief description of your business to include on our social media and website. Your contact information provided above may also be included.

Items Planned to Sell During the 2025 Season (please be specific):

Choose Payment Type: (check one)

- Full Season (Thursdays 5 Total): \$45
- Daily Pass Paid at Each Market Attended: \$10

Payment: (circle one) CASH CHECK

Vendor Agreement

All applications are subject to approval. Submission of this application and payment of vendor fee does not guarantee acceptance. You will be notified by email or phone when and if your application is accepted or declined. Your fee will be returned to you if it is denied.

I have read and agree to comply with all rules and guidelines (see 2024 Vendor Rules & Regulations Packet)

Signature: _____ Date: _____

nhcnewhampton@gmail.com

(641) 394-202

Checks can be mailed to or dropped off at

New Horizons Chamber

104 E Main Street

New Hampton, IA 50659

Questions?