



## 2024 Vendor Interest Form

Vendor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Please check the market days that you would like to attend:

March 2    April 6    May 4    June 1

July 6    August 3    September 7    October 5

What homegrown produce or product do you plan to sell?  
\_\_\_\_\_

Where do you grow and/or make the product(s)? Please provide address if different than one listed above.  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

We reserve the right to deny any application at our discretion.



Contact:  
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