SUMMERVILLE FARMERS MARKET CORPORATE TABLE APPLICATION

Business/Organization _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____

Email _____

Please provide a brief description of your business/organization

_____

_____

_____

Please provide a brief list of any activities or programs that you will have at your market booth, if approved

_____

_____

_____

Date preferred (s) _____

*Please make check payable to: The Town of Summerville