

Vendor Application

Name:			Date:	
Phone Number:		E-mail:	:	
Business or Ministr	y Name:			
Type of Product:				
□ Flowers	□ Plants	□ Produce	□ Other	
□ Honey	□ Crafts	□ Food		
If other, please des	cribe below:			
Website or Social N	Лedia Page:			
How large of an are	ea would you like /	need for setup?		
How did your busir	ness start?			

Is there a Testimony or Story Behind Product or Business:				
Why would you like to sell your products at our Anniversary Celebration?				
Signature: Da	ite:			