

## TWIN CITY MARKET VENDOR APPLICATION

| ı                        | Name:          |                        |           |                          |           |
|--------------------------|----------------|------------------------|-----------|--------------------------|-----------|
| Business                 | Name           |                        |           |                          |           |
| (if Appl                 | icable):       |                        |           |                          |           |
| Mailing Address:         |                |                        |           |                          |           |
|                          |                |                        |           |                          |           |
| 51                       |                |                        |           |                          |           |
| Phone:                   |                |                        | Cell:     |                          |           |
| Email:                   |                |                        |           |                          |           |
| Website:                 |                |                        |           |                          |           |
| Type of Vendor:          |                |                        | I □ Seaso | nal (please specify)     | ☐ Visitor |
| (See handbook for types) |                |                        | ·         | to                       |           |
| Do you need electricity? |                | If yes, pl<br>explain: |           |                          |           |
| Please list it           | ems to be solo |                        | •         | cific and detailed as po | ossible). |
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Arts/Craft Vendors, please attach photographs of your work or email photos to <a href="mainstreet.org">info@sterlingmainstreet.org</a>. Applications received without photos will be deemed incomplete.

Please use other side or attach additional pages as needed

| Please list any applicable licenses, permits & certifications held: (please attach copies)  |  |                      |          |  |  |  |  |
|---|--|----------------------|----------|--|--|--|--|
| Where are the items you will be selling grown/produced/made:  |  |                      |          |  |  |  |  |
| Do you sell your products at other venues?  |  | f yes, please<br>ist |          |  |  |  |  |
| Will persons other than the Applicant be staffing the Booth at the Market? If yes, please list names and relationship to applicant of those who may be responsible for the booth:   |  |                      |          |  |  |  |  |
| The undersigned hereby makes application to the Twin City Market to be a vendor. Applicant certifies that he/she has read the Twin City Market Handbook: Rules & Regulations understands and agrees to abide by said rules and regulation should this application be accepted. Applicant further understands that TCM reserves the right to limit the number of vendors for each product area to ensure a diverse and sustainable product mix for the Market and that priority will be given to locally grown produce and other food items. |  |                      |          |  |  |  |  |
| Applicant Signature   |  |                      | <br>Date |  |  |  |  |
| For Office Use Only:  |  | Comm                 | ents:    |  |  |  |  |
| Date Application Received:  |  |                      |          |  |  |  |  |
| Date Reviewed:  |  |                      |          |  |  |  |  |
| Approved: Yes / No  |  |                      |          |  |  |  |  |
| Date Applicant Notified:  |  |                      |          |  |  |  |  |
| Start Date at Market:   |  |                      |          |  |  |  |  |
|   |  |                      |          |  |  |  |  |

Please return completed application to Sterling Main Street, P.O. Box 261, Sterling, IL 61081 for review and approval.