

Polson Farmer's Market Vendor Application

Vendors are not allowed to sell until their application and any relevant licenses or certificates have been received, reviewed and accepted by the Board of Directors. Please include all required documents with this application. Please note – this is an application only. Submitting this application does not ensure a space in the market.

Vendor Name: _____

Complete Mailing Address _____

Farm or Business Name: _____

Farm or Business physical address (if different from above) _____

County and distance from Market: _____

Home Telephone: _____

Cell Phone: _____

Email Address: _____

Detailed List Products to be sold: _____



First Time Vendor



Previous Vendor

When and how often: _____

By signing this application, if accepted by the Board, I agree to abide by all the Market Rules and Regulations implemented for this market season.

Signature: _____

Date: _____

For Board Use Only Approved _____ Disapproved _____

Date/Initials _____

Mail to: Polson Farmers Market, c/o Linda Sheridan, 130 MT HWY 212, Dixon, MT 59831