

**Traverse City Sara Hardy Downtown Farmers Market**  
Application/Registration Form  
Traverse City DDA (231) 922-2050

Vendor Name:

Owner/representative (if different):

Company:

Full Address:

Telephone:

Email:

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***Product***

Below, please list *all* of the products you plan to sell this year, and whether each one is home grown/made, and where it is grown if not at the above location. Feel free to use the back of this application:

Product

Home Grown?

Where From

\_\_\_\_\_ Check if continued on the back

I certify that the above list of products is exhaustive, that I have read and understand the *2009 Rules*, and will abide by them. Rules are available at [www.downtowntc.com](http://www.downtowntc.com).

X\_\_\_\_\_

Date\_\_\_\_\_