



Makers Market Vendor Application

Sunday, November 21 | 11 a.m. - 4 p.m.

_____ Name of Applicant	_____ Business Name
_____ Type of Vendor	_____ Website/Social Media Site
_____ Address	_____ City, State & Postal Code
_____ Telephone	_____ Contact Email

How many 10' x 10' spaces do you need (\$30 a space)? One Two

Do you need electricity? Yes No

Brief description of goods:

- ❖ Please email completed application and three images that represent your work to missy.smith@polkcountyiowa.gov. If accepted, we will contact you and send you a link for payment.

Please note: there are a limited number of vendor spaces available. We try our best to keep a good variety of offered goods.

Agreement terms:

- _____ My items are made by hand, grown or created by me.
- _____ I understand that this is a juried market and your application does not guarantee acceptance.
- _____ All food vendors must maintain appropriate Health Department certification and adhere to all local, state, and federal laws regarding food safety and have permits available. All prepared food processor facilities must comply with Polk County Health Department regulations.

Signature

Date