



Vendor Application

Contact Name: _____ DBA: _____

Tax ID #: _____ Address: _____

Phone number: _____ Email: _____

Website and/or FB Page: _____

Product(s): _____

Other details we need to know or special requests? _____

Will you be using a tent canopy (must be tied to sandbags): Yes _____ No _____

Number of spaces requested (1 or 2 stalls, \$10; 3 or 4 stalls, \$20): _____

Please return your completed application by mail or email or call to register/pay over the phone. The City accepts cash, checks (made out to the City of Garden Plain) or debit/credit cards. Mail/email to:

City of Garden Plain - Vintage Market
C/O Bonnie Kopper
505 N. Main Street PO Box 336
Garden Plain, KS 67050
deputycityclerk@gardenplain.com
316-531-2321

The Garden Plain Vintage Market is hosted and sponsored by the City of Garden Plain.

The City reserves the right to refuse vendors, application and/or products. Registration could close at any time.

We encourage you to register early to ensure your space is reserved!

FOR OFFICE USE ONLY:

Paid: Ck#: _____ Cash: _____ CC: _____ Amount: _____ Date Received: _____

Vendor Space #/Notes: _____