



MUNICIPAL CENTER FARMER'S MARKET

1 SCHOOL STREET, BETHEL, CT 06801

PHONE: 203-794-8501

FAX: 203-778-7520

Email – farmersmarket@bethel-ct.gov

Seasonal Application – 2012 Farmer's Market – Market Committee

Vendor : _____

Street Address: _____

Town, State, Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

E-Mail Address: _____

Details of Event:

Name of Market: MUNICIPAL CENTER FARMER'S MARKET

Date(s) of Event: EVERY THURSDAY STARTING **June 21st 2012** AND ENDING **SEPTEMBER 6TH 2012**

Hours of Operation: 3:00 PM TO 7:00 PM

Setup time: 2:00 PM (no selling till 3pm) Clean up : MUST BE FINISHED BY 7:30 PM

Location of Event: MUNICIPAL CENTER, 1 SCHOOL STREET, BETHEL - FRONT LAWN

Seasonal Fee: \$120 Paid Cash Check Check Number: _____ Non Profit

*each non profit is limited to two Thursday's a month : first _____ second _____

Applicant Signature: _____ Date: _____

_____ *For Office Use Only* _____

Date Application Submitted:	Date Application Reviewed:	Date Application Approved:
By:	By:	By:

Notes/Conditions: _____
