



2024 Vendor Application

Name _____

Business Name _____

City of Springfield Business License number # _____
(You will not be allowed to attend without a current license)

Contact Info:

Address _____

Cell Phone _____ Alt Phone _____

Email _____ Website _____

Social Media Pages: _____

Vendor Type: (Please check one choice)

___ Full Season Vendor \$225 = (Includes both Thursday evenings and Saturday Markets)

___ Thursday only Season Vendor \$75 = (Includes Thursday evenings only)

___ Day Vendor (by the day) = ___ Saturdays \$25 ___ Thursday evenings \$15 (Payment is due on day of attendance no later than one (1) hour prior to market close)

Anticipated days of attendance _____

Products or Services you wish to sell : Please be specific. (*All items* including Value added items such as baked goods, honey and jams must be individually listed and are subject to approval) _____

I have read the C-Street City Market Operating Policies and Procedures and agree to abide to these regulations

Signature _____ Date _____

For further questions, please use the contact form on our Website: www.c-streetcitymarket.com OR contact the Market Manager, Marrella Vineyard email: c-streetcitymarket@gmail.com or text: [417-988-1393](tel:417-988-1393)

Return completed application by mail or in person M-F 10a-6p to:
Attn: Market Manager Chabom Teas + Spices, 209 E. Commercial St. Springfield, MO 65803

Upon application approval please submit Check or M/O made out to: **C-Street City Market** (please note business name on check/M/O)

Office Use Only:

Paid: Cash ___ or Check ___ M/O ___ Check MO # ___ Amount \$ _____