

Livingston Ddown Market

1416 C Street / Livingston, CA 95334
(209)394-8830 office / (209)394-4190 fax



Vendor Application

*Payment by the Month Merchandise vendor \$75, Food Vendor \$92.00 / Payment by the week is \$25 per week
Monthly payment insures the same space each week / Weekly payments are first come first serve space assignments*

Name _____

Business Name _____

Mailing Address _____

City _____ County _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

email address _____

List all products you intend to sell below:

<i>Signature Checklist</i>	
	<i>Vendor App</i>
	<i>Rules & Regs</i>
	<i>Waiver</i>
<i>if applicable</i>	
	<i>EH Food App</i>
	<i>EH Fee</i>

Please indicate the months you will be attending the market:

May _____ August _____
June _____ September _____
July _____ October _____

If you are selling food do you have a mobile food facility permit? YES / NO

If so please list county and please attach a copy of the permit. _____

When Signing this application you are assuring that all information you are giving is true and accurate, and you have read and understand the attached market rules.

Name _____ Date _____

Title _____

<i>office use only</i>		
received by _____	copies given _____	date received _____
notes - _____		
Food Vendor # _____		