



P.O. Box 384 Dripping Springs, TX 78620

Community Organization Participation Dripping Springs Farmers Market

Received on/by: _____
Date/Initials _____
Fees: _____
Paid By: _____
Approved By: _____

A Community Organization Participant is a for-profit or non-profit individual or organization desiring to participate in the market on a limited basis to provide a demonstration, presentation, educational information, promotion, or to sell an item.

Fees: annual application fee \$40; weekly booth fee \$15 + \$2 promotional fee; electricity +\$5 (optional)

Name of Business/Organization: _____

Name of Applicant: _____

Mailing Address: _____

City: _____ **State:** ____ **Zip:** _____

Daytime Phone: _____ **Email Address:** _____

Market Date(s) Planning to Attend: _____

Description of Product/Service/Demonstration:

Description of Product to be Sold:

Electricity Needed: Y___ N___

The Mission of the DSFM is to provide a community gathering place where local food producers, artisans and community organizations educate and sell directly to consumers.

How does your presence at the Market fit the Mission of the Market?

May we use your information in print/web media distributed to the public?
Y ___ N ___ (If yes, please complete the Online Bio.)

COMPLETED: **IMPORTANT MARKET RULES** **ONLINE BIO**

Signature of Applicant

Date