



Scituate Farmers Market

1 Kent St, Scituate, MA

_____ Vendor Application

Company Name: _____

Contact Name: _____

Address: _____

Primary Phone #: _____

Secondary Phone #: _____

E-mail: _____

Website: _____

Please list the products you offer:

- Seasonal fee of \$175 may be paid in full.
- Specify any requests you may have in regards to additional space or location |
The given space to each vendor is normally 10' x 10'. Please understand that a small fee may be required for an additional tent space. We will do our best to accommodate any requests.
- Are you interested in a full season spot, ½ season (every other week), or a rotationspot (average once a month), or specific dates? Please circle one and specify if needed, below. We will do our best to accommodate.

Please complete and return application by mail to:

Liz Flaherty
34 Stockbridge Road
Scituate, Ma 02066
Or by email to: scituatefarmersmarket@yahoo.com