



Vintage Market Vendor Application



Contact Name: _____ DBA: _____

Tax ID #: _____ Address: _____

Phone number: _____ Email: _____

Website and/or FB Page: _____

Product(s): _____

Other details we need to know or special requests (i.e. need ADA accessible space): _____

Will you be using a tent/easy-up? (must be weighted or tied down): Yes _____ No _____

Number of spaces requested (\$10 ea. parking stall; max of 4 stalls): _____

Please return your completed application by mail or email or call to register/pay over the phone. The city accepts cash, checks (made out to the City of Garden Plain) or debit/credit cards. All vendors must submit a form, even if a local business, to ensure we have available space. Your space is not reserved until payment is received.

Mail/email to:

City of Garden Plain - Vintage Market
C/O Savannah Shelite
505 N. Main Street PO Box 336
Garden Plain, KS 67050
Savannah.shelite@gardenplain.com
316-531-2321

The Garden Plain Vintage Market is hosted and sponsored by the City of Garden Plain.

The City reserves the right to refuse vendors, applications and/or products. Registration could close at any time.

FOR OFFICE USE ONLY:

Paid: Ck#: _____ Cash: _____ CC: _____ Amount: _____ Date Received: _____

Assigned Space #/Notes: _____

