

Nichole Clark: 626-441-2339 SOUTH PASADENA FARMERS' MARKET LOCAL BUSINESS MARKET ANNEX APPLICATION

NAME OF COMPANY:		
NAME OF OWNER:		
ADDRESS:		
	ZIP CODI	Ξ
CONTACT PERSON:		
PHONE: ()	FAX: ()	
EMAIL ADDRESS:		
SOUTH PASADENA BUSINESS	LICENSE # (Required)	
☐ Member of the South Pas Ch	amber of Commerce 🔲 Not a Cha	ımber member
DATES REQUESTED (No more	than 1 per calendar quarter) in orde	r of preference:
July – Sept July – Sept July – Sept	Oct. – Dec Oct. – Dec Oct. – Dec	
Jan. – Mar Jan. – Mar Jan. – Mar	Apr. – June Apr. – June Apr. – June	
We will be promoting: (special ev	vent, sale, etc.):	
☐ Info only booth ☐ Retail S	ales (please complete reverse side)	
\square I have B.O.E. resellers permit		
by Manager and Vendor. I have receive	mental Healthy Living t can be added at a later date with Manage d and read the attached "Market Annex Ru guaranteed until confirmed by Chamber of	iles" and agree to abide
This agreement is executed this _	day of	, 201
VENDOR	CHAMBER PRESIDENT or MARI	KET ANNEX MGR.

$\hfill \Box$ I (WE) ONLY WILL DISTIBUTE INFORMATION; NO SALES - or -		
LIST PRODUCTS FOR APPROVAL YOU WOULD LIKE TO SELL:		
PRODUCT	MARKET ANNEX MANAGER APPROVAL	
	□	
	L	

Return application to Market Annex Manager or mail to: South Pasadena Farmers' Market C/O South Pasadena Chamber of Commerce, P.O. Box 3446 South Pasadena, CA 91031

Phone: 626-441-2339

www.southpasadenafarmersmarket.org Email: Nichole@SouthPasadena.net