

THE SOUTH PASADENA
CHAMBER OF COMMERCE

Diane Lombard: 626-441-2339
SOUTH PASADENA FARMERS' MARKET
COMMUNITY CORNER APPLICATION

NAME OF GROUP OR ORGANIZATION: _____

NAME OF OWNER/PRESIDENT: _____

ADDRESS: _____

_____ ZIP CODE _____

CONTACT PERSON: _____

PHONE: (_____) _____ FAX: (_____) _____

EMAIL ADDRESS: _____

SOUTH PASADENA BUSINESS LICENSE # (If applicable) _____

Member of the South Pas Chamber of Commerce Not a chamber member

Incorporated 501(c)3 organization Not incorporated

DATES REQUESTED (No more than 1 per calendar quarter) in order of preference:

July – Sept. _____

Oct. – Dec. _____

July – Sept. _____

Oct. – Dec. _____

July – Sept. _____

Oct. – Dec. _____

Jan. – Mar. _____

Apr. – June _____

Jan. – Mar. _____

Apr. – June _____

Jan. – Mar. _____

Apr. – June _____

We will be promoting: (special event, sale, etc.)

Products not specified in this agreement can be added at a later date with written approval and signed by Market Manager or Chamber Management and Vendor. I have received and read the attached "Market Annex Rules" and agree to abide by them. I understand that space is not guaranteed until confirmed by Chamber of Commerce and is subject to availability.

This agreement is executed this _____ day of _____, 202__.

VENDOR

MARKET ANNEX MANAGER

I (WE) WILL ONLY DISTRIBUTE INFORMATION OR PROMOTE AN EVENT;
NO SALES. EVENT: _____

OR

I (WE) WILL SELL PRODUCTS OR SERVICES
LIST PRODUCTS FOR APPROVAL YOU WOULD LIKE TO SELL:

PRODUCT	MARKET MANAGER APPROVAL
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
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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: Diane@southpasadena.net