



Nichole Clark: 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 \_\_\_\_\_, 201\_\_.

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"/>
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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](http://www.southpasadenafarmersmarket.org)  
Email: [Nichole@southpasadena.net](mailto:Nichole@southpasadena.net)