



**OPEN AIR MARKET OF STOCKBRIDGE
2024 VENDOR APPLICATION**

NAME _____

BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME # _____ HOME _____ CELL _____

E-MAIL ADDRESS _____ WEBSITE/FACEBOOK _____

PRODUCT DESCRIPTION: Please give a brief description of your product(s) and growing practices.
All vendors are subject to the approval of the Open Air Market Manager and Board of Directors.

PRODUCE _____ FRUIT _____ BAKED GOODS _____ FLOWERS & PLANTS _____
ARTISAN VENDORS _____ OTHER _____ Please include copies of licenses for businesses if needed
First Time Processing Fee \$15.00 _____ (\$10.00 applied to Vendor Fee)

Weekly Vendor Stall @ \$10.00 per week, up to 2 stalls. Please choose weeks you plan to be here below.
Split Stall 2 X \$5.00 each (Name of Vendors & Products) _____

May 3 ___ May 10 ___ May 17 ___ May 24 ___ May 30 ___
June 7 ___ June 14 ___ June 21 ___ June 28 ___ July 5 ___ July 12 ___ July 19 ___
July 26 ___ August 2 ___ August 9 ___ August 16 ___ August 23 ___ August 30 ___
September 6 ___ September 13 ___ September 20 ___ September 27 ___
October 4 ___ October 11 ___ October 18 ___ October 25 ___
2024 Indoor Market January 13 ___ February 10 ___ March 9 ___ April 6 ___

SEND APPLICATION AND PAYMENT TO:
Open Air Market, PO Box 382, Stockbridge, MI 49285
MAKE CHECKS PAYABLE TO: Open Air Market

____ I have read all the rules and regulations and agree to fully adhere to all.

Signature _____ Date _____ Emergency phone# _____
(other than yours)