



OLD TOWN NEWHALL FARMERS MAREKT
MARKET ANNEX APPLICATION

NAME: _____

COMMUNITY GROUP: _____ OR LOCAL BUSINESS: _____ OR HEALTH ORGANIZATION: _____

IF NONPROFIT PROVIDE FRANCHISE TAX BOARD NUMBER: _____

ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____ FAX: _____

LIST PRODUCTS DESIRED TO BE SOLD OR ACTIVITIES PROPOSED FOR APPROVAL: APPROVAL

LIST PRODUCTS DESIRED TO BE SOLD OR ACTIVITIES PROPOSED FOR APPROVAL:	APPROVAL
_____	_____
_____	_____
_____	_____
_____	_____

LIST DATES DESIRED WITHIN 6 MONTHS OF THIS APPLICATION: _____

SIGNATURE: _____ DATE: _____

TITLE: _____

DATES CONFIRMED: _____

SIGNATURE MARKET MANAGEMENT _____ DATE: _____

RETURN TO OLD TOWN NEWHALL FARMERS MARKET, P.O. BOX 220563, NEWHALL, CA 91322

STALL FEE WILL BE COLLECTED UPON DATE CONFIRMATION.