



22520 Lyons Avenue, Newhall
Saturdays 8:30 am – 12:30 pm
661.799.3693

VENDOR APPLICATION

NAME OF COMPANY: _____

NAME OF OWNER: _____

ADDRESS: _____

CONTACT PERSON: _____

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

EMAIL ADDRESS: _____

WHAT OTHER MARKETS DO YOU PARTICIPATE: _____

LIST PRODUCTS FOR APPROVAL YOU WOULD LIKE TO SELL:

PRODUCT

**MARKET MANAGER
APPROVAL**

List additional products on reverse side. Products not specified in this agreement can be added at a later date with Manager's approval and signed by Manager and Vendor.

This agreement is executed this _____ day of _____, 20__.

VENDOR

MARKET MANAGER

PRODUCT

MARKET MANAGER
APPROVAL

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
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MAIL APPLICATION TO GRETA DUNLAP, P.O. BOX 220563, NEWHALL, CA 91322, OR EMAIL TO oldtownnewhallfm@gmail.com. ANY QUESTIONS, CALL 661.799.3693. THANK YOU.