# Mableton Farmers Market
# 2018 Non-food Vendor Application

**Contact Name:** _____

**Email:** _____ **Phone:** _____

**Mailing Address:** _____

**Business Name:** _____

**Business Address (if different):** _____

Please describe the products that you would like to sell.

_____
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_____

I have read and agree to operate by the Mableton Farmers Market Rules and Regulations and the Indemnification and Hold Harmless Agreement.

_____

**Signature** **Printed Name** **Date**

Mail to Dave McDaniel, 533 Shannon Green Circle SW, Mableton GA 30126 or email to farmersmarket@mableton.org. Application submitted without a completed Hold Harmless agreement and/or licenses/certificates as necessary cannot be approved.

Received:
Approved:
Booth#
Permit #:

David McDaniel
Mableton Farmers Market Manager
404-323-0608
mcda5958@bellsouth.net