Mableton Farmers Market 2019 Non-food Vendor Application

Contact Name:			
Email:	Phone:		
Mailing Address:			
Business Name:			
Business Address (if diff	erent):		
Please describe the pro-	ducts that you would like to sell.		
	operate by the Mableton Farmers Market R	tules and Regulations and	
the Indemnification and	Hold Harmless Agreement.		
Signature	Printed Name	Date	
Mail to Dave McDaniel, 5	533 Shannon Green Circle SW, Mableton GA	30126 or email to	
	on.org. Application submitted without a co		
agreement and/or licens	ses/certificates as necessary cannot be appro	oved.	
Received:	David McDaniel		
Approved:		ers Market Manager	
Booth#	404-323-0608		
Permit #:	mcda5958@bellsouth.net		