



2025 Vendor Application

Name _____

Business Name (full legal name plus any dba used)

City of Springfield Business License number

_____ (You will not be allowed to attend without a

current license) **Contact Info:**

Address _____

Cell Phone _____ Email _____

Website: _____ Social Media: _____

Vendor Type: (Please check one choice)

___ Full Season Vendor \$275 = (Includes all Saturdays and Thursday Evenings)

___ Thursday only Season Vendor \$75 = (Thursday evenings only)

___ Day Vendor (by the day) = ___ Saturdays \$35 ___ Thursday evenings \$20 (Payment is due on day of attendance no later than one (1) hour prior to market close)

Anticipated days of attendance _____

Products or Services you wish to sell : MUST be specific for approval. (**All items** including Value added items such as baked goods, honey and jams must be individually listed and are subject to approval) _____

I have read the C-Street City Market Operating Policies and Procedures and agree to abide to these regulations

Signature _____ Date _____

For further questions, please use the contact form on our Website: www.c-streetcitymarket.com OR contact the Market Manager, Marrella Vineyard email: c-streetcitymarket@gmail.com or text: 417-988-1393. Please DO NOT contact through facebook or messenger

Return completed application by mail or in person M-F 10a-6p to:

Attn: Market Manager Chabom Teas + Spices, 209 E. Commercial St. Springfield, MO 65803

Upon application approval please submit Check or M/O made out to: **C-Street City Market** (please note business name on check/M/O) Cash Payments will not be accepted for Full Season fees

Office Use Only:

Paid: Check ___ M/O ___ Check MO # _____ Amount \$ _____