



2011 North Kansas City Farmer's Market Application

Managed by the North Kansas City Business Council

Farmer/Vendor Name: _____

Contact Name: _____

Address: _____

City, State & Zip: _____

Office/Home Phone number: _____ Cell Phone: _____

E-Mail address: _____

Website: _____

I am applying for the following sessions:

_____ 26-Week Full Session, May 6, 2011 thru October 28, 2011 (\$5.77/wk).....\$ 150

_____ 4-Consecutive Week "month" (\$12.50/wk)..... \$50 for each month

Indicate 4-week period(s) you are interested in: _____

All fees must be paid in advance. No refunds shall be issued for no-shows or cancellations. Spaces are limited and assigned for the course of the season. First come, first choice. Reserve your space today!!

Cash or check only (made payable to the North Kansas City Business Council).

Enclosed is my payment in the amount of \$ _____

Signature: _____ Date: _____

Send to: North Kansas City Business Council, 406 Armour Road, Suite 240, North Kansas City, MO 64116
Phone: 816-472-7700 Fax: 816-472-0320 E-mail: admin@nkcbusinesscouncil.com