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**Rustic Roots Market**  
1115 & 1116 Angelo St.  
Vendor Application

**Business Name:** \_\_\_\_\_

**Contact Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Web Address:** \_\_\_\_\_

**TX Sales Tax Number:** \_\_\_\_\_ (must attach copy to application to be assigned a space)

**TX Agriculture Lic#:** \_\_\_\_\_ (must attach copy to application to be assigned a space)

**Food Handler's Number:** \_\_\_\_\_ (must attach copy to application to be assigned a space)

Booth costs: 5% of total sales for the day not to exceed \$15.00. Fees will be collected at the close of business each week.

Event will be weekly, every Wednesday from 3 – 7pm. Vendors may set up as early as 2:00pm.

**Description of products to be sold:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\*\*\*If you have any special needs, please note them on the application or separate sheet of paper.

I hereby release the Castroville Area Chamber of Commerce and any and all of its members from any responsibility for any injuries to me or my employees and for any loss or damage to personal property while participating in the Rustic Roots Farmer's Market. I also recognize and agree that the Chamber and its representatives are in no way responsible for any action of other vendors or their helpers or employees while in the Rustic Roots Farmer's Market. I have read and understand and accept all provisions of this letter of agreement and rules and regulations and will abide by all requirements of the Castroville Area Chamber of Commerce. I also understand that there will be **no refund of vendor fees** if I am unable to attend.

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

**VENDOR CHECKLIST: (without this list complete we will not issue you a booth).**

- \_\_\_ Completed and **Signed** Application
- \_\_\_ A signed copy of the Rules and Regulations
- \_\_\_ A Copy of your Texas Sales Certificate (if applicable)
- \_\_\_ A Copy of your Texas Agriculture License (if applicable)
- \_\_\_ Health Certificates needed (if applicable)
- \_\_\_ Current Texas Certified Food Handlers Certification (if applicable)

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**FOR OFFICE USE ONLY:**

Date received: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ CC: \_\_\_\_\_  
Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ Assigned Booth(s): \_\_\_\_\_ Date informed: \_\_\_\_\_