

2022 Vendor Application

Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electricity needed? \_\_\_\_\_\_\_\_

Product (please check all that apply)

\_\_\_\_ Produce \_\_\_\_ Beverages

\_\_\_\_ Bread/Baked Goods \_\_\_\_ Herbs

\_\_\_\_ Eggs/Dairy \_\_\_\_ Soap/Bath Salts

\_\_\_\_ Meat \_\_\_\_ Flowers/Plants

\_\_\_\_ Nuts/Granola \_\_\_\_ Jams/Jelly/Honey/Butters

\_\_\_\_Animal Food \_\_\_\_ Other (please describe below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All edible items sold at the Moonlight Market at MCH must be grown and produced in Texas. This includes fruits, vegetables, prepared foods, herbs, nursery products or similar.*

*All Artisans/Crafters must create their own items.*

Farm Address (Address where produce is grown if not the business address)

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*I allow the Moonlight Market at MCH and MCHS to advertise my business name and products in their marketing media including (but not limited to) the Medical Center Health System webpage and social media sites.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Moonlight Market Manager

Susan Thornton

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