



Empowering Military Spouse Entrepreneurs by Covering Farmers Market Booth Fees

Please complete the application below and attach a copy of your farmers market vendor application and proof of acceptance for the market you wish to attend.

APPLICANT INFORMATION

Name: _____
Email: _____ Phone Number: _____
Mailing Address: _____

MILITARY AFFILIATION

Branch of Service: _____

I certify that I am the spouse of an active duty service member: Yes

BUSINESS INFORMATION

Business Name: _____
Type of Products Sold: _____
Business Website / Social Media: _____

MARKET PARTICIPATION

Name of Farmers Market: _____
Location of Market: _____
Booth Fee Amount Requested: _____

Attach a copy of your completed farmers market application for the market you wish to attend.

SHORT ANSWER QUESTIONS

Tell us about your business and what inspired you to start it:

How will having your booth fee covered help your family and business?

Any additional information you'd like us to know?

Signature: _____ Date: _____