VENDOR APPLICATION FORM

farmer/vendor information

First Name:	Last Name:
Farm/Business Name:	
Address:	City:
Parish:	State:
Phone:	Email:
Address of Farm, Kitchen or other facility (if different from above):	
PRODUCT INFORMATION	
What do you intend to sell at The Market? (Please be specific)	
Please sign below is you agree to abide by the Rienzi Market General Rules	

Thank you for your application!

PLEASE RETURN APPLICATIONS TO:

stfrancisvegetablegarden@gmail.com

St. Francis Vegetable Garden Inc. 218 Rienzi Dr., Thibodaux, LA 70301

