

FARMERS AND ARTISANS MARKET OF LOCKHART  
NONPROFIT APPLICATION

YOUR NAME: \_\_\_\_\_

NAME/DESIGNATION OF NONPROFIT OR ORGANIZATION:

\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: (if different from physical) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE YOU WANT TO ATTEND MARKET:

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WHAT IS THE MISSION OF YOUR ORGANIZATION:

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WHAT DO YOU WANT TO FUNDRAISE FOR:

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WHAT WILL YOU BE SELLING/PROMOTING AT THE MARKET FOR YOUR FUNDRAISER:

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IF YOU WISH TO BE A RECURRING VENDOR PLEASE PROVIDE ADDITIONAL DATES YOU WANT TO ATTEND:

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IF YOU USE SOCIAL MEDIA, PROVIDE HANDLES FOR EACH PLATFORM:

FACBOOK: \_\_\_\_\_

INSTAGRAM: \_\_\_\_\_

*Submitting an application does not guarantee admittance into the Farmers and Artisans Market of Lockhart.*

By signing the line below, I hereby certify that all the information contained in this application is correct and true. I have read and will abide by the Farmers and Artisans Market of Lockhart rules and procedures. False or misleading information will result in automatic dismissal from the Farmers and Artisans Market of Lockhart.

Applicant Name: \_\_\_\_\_  
(Please print)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Purposes Only:

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Approved: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Not approved: \_\_\_\_\_ Reason not approved: \_\_\_\_\_