

2009 Season

Dear Vendors,

Plans are being made for the 2009 Market by the Lake. Again, the emphasis will be put on locally grown fresh fruits, vegetables, plants and vendor produced farmstead products.

The Market by the Lake will take place on Saturday mornings at the South end of Washington Street/McCahill Play Park area. The market will start Saturday May 16, 2009 and run weekly through October 24, 2009. Time will be 8am to 12-noon.

Fees will be \$10.00 per single time, \$30.00 for a half season, and \$50.00 for a full season

Spaces for the Saturday Market by the Lake are 10x10. Vendors will have to provide their own tables, chairs, and awnings. Electrical sites are available. Please do not set up before 7:00 am. A representative will be on hand to assist you in assigning spaces.

So we may know what to expect, please complete the form below and make check payable to Lake City Chamber of Commerce.

Questions or more information can be directed to Margaret or Kathy. We are looking forward to a great summer season of food and fun in the open air.

Margaret Haase: 651-345-5229 mthaase@hotmail.com

Kathy Herron: 651-345-4766 rkherron@embarqmail.com

2009 Market By The Lake Vendor Application

Business Name _____

Owner's Name _____

Address _____

Phone _____ Cell _____

Email Address _____

Website _____

Names of others operating your booth _____

List all Produce, Nursery, Handmade and Other products you intend to sell and their availability:

Do you produce or hand make all of the products yourself? Yes No.

Do you plan to offer samples of your product(s)? Yes No.

Vendor Categories/Fees (circle one):

1. Grower/Vendor: Full Season – a non-refundable fee of \$50.
2. Grower/Vendor: Half Season – a non-refundable fee of \$30. spring/summer summer/fall
3. Grower/Vendor: Single Date – per event fee of \$10.00
4. Non Profit: The Market may grant nonprofit or charitable organizations special consideration on dues and fees.

2009 Market Dates:

I will be attending on dates circled below:

May: 16 23 30 **June:** 6 13 20 27 **July:** 4 11 18 25

August: 1 8 15 22 29 **September:** 5 12 19 26 **October:** 3 10 17 24 31

Will you need electricity? Yes No

Signature _____ Date _____ TOTAL Enclosed: \$ _____

Make checks payable to: Lake City Chamber of Commerce

Please keep a copy of this application form for your records and send copy with fee to:

Lake City Chamber of Commerce
101 W. Center Street
Lake City, MN 55041

We look forward to seeing you soon!