



Health/Body Vendor Application

BUSINESS NAME: _____

CONTACT NAME: _____

SALES TAX I.D. NUMBER if applicable: _____

MAILING ADDRESS: _____

MANUFACTURING ADDRESS AND DIRECTIONS TO SITE: _____

TEL: _____ **CELL:** _____

E-MAIL: _____

WEBSITE: _____

**Please list below ALL items you will sell at the market. Use the back if necessary.
Any item not listed must be approved by the Market Manager before bringing it.**

Copies of the following documents must be included when submitting the application: Copy of Liability Insurance if applicable and Food Handler Card. Food Handler Card can be obtained through online course @ www.texasfoodhandler.com Call: Bucky @ Hays County Dev. Services with questions. Tel:512-393-2150

I hereby certify that all the information contained in this application is correct.

Signature: _____ **Date:** _____

Approved: _____ **Date:** _____

Email: budamarketmanager@gmail.com

