



MARKET DAYS Vendor Application



Name: _____ Business Name: _____

Sales Tax ID# _____ Email: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Phone No.: _____ Phone No. 2: _____

Merchandise/Menu Description:

All space assignments are determined by product, availability and other considerations.
No specific space assignment will be guaranteed. There is a limit of 2 spaces per vendor.

| | |
|------------------------|----------------------------|
| <u>10' x 10' Space</u> | \$40.00 x _____ = \$ _____ |
| <u>Food Vendor</u> | \$60.00 |

MAKE CHECKS PAYABLE TO:

The City of Harlingen

CONTACT INFORMATION:

Alexis Alaniz – Downtown Director
209 W. Jackson St, Harlingen, Texas
956-216-4910 or 956-245-8886

I _____ (print name) understand that I am choosing to participate in Market Days at my own risk and that neither the Downtown Harlingen merchants, The City of Harlingen, Cameron County, nor Downtown Improvement District accepts liability or responsibility regarding merchandise or personal injury for this event.

I further understand that by signing below, I authorize the City of Harlingen to release information from or copy of, my State Tax Permit to the State Comptroller's Office upon request.

Signature: _____ Date: _____

The City of Harlingen reserves the right to refuse any vendor application.