

Vendor Candidate Profile

Dealer Name:	
Address:	
Home Phone:	
Cell Phone:	Alternate Phone:
Email Address:	
Best way to contact you (circle one):	Home Cell Email Other:
Do you have a store or other booth ren	ital location? Yes / No
If so, where? Name & Location(s)	
Please list the type of merchandise you	ı wish to carry at Miss Lucille's Marketplace:
What size booth are you interested in?	
Do you wish to participate in any them	
	h events:

Please attach photos to show example of merchandise.

Note that booth size, merchandise, quality, and factors other than date of application determine available space. Thank you for your interest in Miss Lucille's Marketplace.

> Miss Lucille's Marketplace 2231-A Madison Street Clarksville, TN 37043 Tuesday-Saturday 10:00AM-6:00PM Sunday 12:00-5:00PM