

SOUTHWEST FLORIDA MARKETS, LLC

VENDOR APPLICATION INSTRUCTIONS

2017 – 2018 Season

1. LOG ON TO SWFLORIDAMARKETS.COM, OUR WEBPAGE
2. UNDER **VENDOR DOCUMENTS**, DOWNLOAD AND PRINT THE VENDOR RULES AND REGULATIONS, AND VENDOR APPLICATION DOCUMENTS.
3. READ THE RULES AND REGULATIONS, SIGN AND DATE PAGE 4.
4. COMPLETE, SIGN AND DATE THE VENDOR APPLICATION DOCUMENT.
5. **FOOD VENDORS** ARE REQUIRED TO ATTACH TO THEIR APPLICATION A COPY OF THEIR STATE OF FLORIDA LICENSE AND LIABILITY INSURANCE.
6. MAIL A SIGNED COPY OF PAGE 4 OF THE RULES AND REGULATIONS WITH YOUR COMPLETED VENDOR APPLICATION AND REQUIRED DOCUMENTS AND YOUR \$30 MARKET APPLICATION FEE TO:

(CHECK PAYABLE TO SW FLORIDA MARKETS, LLC)

SW FLORIDA MARKETS, LLC.

PO BOX 110762

NAPLES, FLORIDA 34108

7. PLEASE NOTE, YOUR APPLICATION DOES **NOT** GUARANTEE ACCEPTANCE AS A VENDOR. VENDOR SELECTION WILL BE BASED ON SEVERAL KEY FACTORS INCLUDING:
 - DATE APPLICATION IS RECEIVED
 - MARKET FOOTPRINT AND MARKET OBJECTIVES
 - NUMBER OF SPACES ALLOCATED FOR THIS TYPE OF PRODUCTS
 - QUALITY OF YOUR VENDOR DISPLAY AND PRODUCT PRESENTATION

SW FLORIDA MARKETS, LLC RESERVES THE RIGHT TO DECLINE ANY VENDOR APPLICATION. VENDORS NOT SELECTED WILL BE NOTIFIED BY EMAIL AND WILL HAVE THEIR **APPLICATION FEE RETURNED** TO THEM BY MAIL.

SOUTHWEST FLORIDA MARKETS, LLC

VENDORS NOT SELECTED WILL BE NOTIFIED BY EMAIL AND WILL HAVE THEIR **APPLICATION FEE RETURNED** TO THEM BY MAIL.

VENDOR APPLICATION:

VENDOR'S NAME: (PRINT) _____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ CELL: () _____

EMAIL ADDRESS: _____

MARKET LOCATION: _____

NUMBER OF SPACES THAT YOU ARE APPLYING FOR: _____

List of all items you wish to sell:

(Additional items cannot be added without prior written approval from Mkt Mgr.)

Mail this form with your signed page 4 of the Rules & Regulations and the Application Fee to:

**SW FLORIDA MARKETS, LLC
PO BOX 110762
NAPLES, FL 34108**