



SUPER FLEA market

Vendor Application/Contract

Select location:
(please check a box)

NORTH

5017-127 Ave

PH: 780.478.1556

CENTRAL

12011-111 Ave

PH: 780.478.1556

Vendor's Company Name: _____

Vendor's Name: _____

Street Address: _____

City/Province: _____ Postal Code: _____

Home Number: _____ Cell Number: _____

E-mail: _____

Driver's License: _____

Product(s) Sold (be specific): _____

Number of Booths Needed: _____ Number of Tables Needed: _____

Date Required - From: _____ To: _____
month/day/year month/day/year

Date

Signature

Please read all of the attached rules and regulations. Sign to indicate you have understood them, or please ask the staff to clarify.

For Administrative Purposes Only:

