

Application Amendment Form

Please complete and return to BHFMT via mail or email

Market Manager Email: manager@blackhillsfarmersmarket.org

BHFMT Mailing Address: PO Box 6375, Rapid City, SD 57709

APPLICANT INFORMATION

Business name: _____

Applicant/vendor name: _____

Phone: _____ Email: _____

CHANGES TO APPLICATION

List the changes you wish to make to your original application (example: change of address, change of contact information, additional products for sale, etc.).

NOTE: Additional products for sale are subject to review. You may not bring these new products to market unless they are approved.

AGREEMENT

The undersigned acknowledges that they have read all application requirements and vendor expectations and agree to comply with the information and rules provided by the Black Hills Farmers Market. Non-compliance will result in revocation of permission to participate in the market.

Signature

Date