



Elysian

ELYSIAN FARMERS MARKET APPLICATION FORM

Name: _____ dba: _____

Address: _____

Telephone #: _____ Alt Tele #: _____

Email Address: _____

Please state Full Season or Weekly: _____

Describe fully the range of goods you wish to sell: _____

Are you compliant with the "Cottage Law"? _____

<http://www.mda.state.mn.us/cottagefood>

Market Stall Fee (payable to Market Manager) \$25 season: _____ \$10 week: _____

Please return to: City of Elysian
110 West Main Street
PO Box 246
Elysian, MN 56028
507-267-4708
Lorri@elysianmn.com