



Pure Essence Wellness Center
 Alternative Therapy for Healing & Wellness



Spiritual Market Application

Contact Information

Contact Name(s):
Business Name:
Address:
Phone Number:
Email:
Website:
Returning Vendor?

Your Products - Please answer all questions below

Describe your business:
What do you plan to sell (please use the back if needed)?
Which Dates do you plan on selling at the Market?
5/28 6/4 6/11 6/18 6/25 7/2 7/9 7/16 7/23 7/30 8/6 8/13 8/20 8/27 9/3 9/10

I, the undersigned, and all my representatives agree to abide by the PEWC Rules, which I have reviewed.

Signature: _____ Date: _____

Return completed application and first Market's payment of \$35.00 to PEWC
 Make checks payable to: **Pure Essence Wellness Center**
 Mail (or drop off) to: **1240 E Eighth Street, Traverse City, MI 49686**
 or email to: pureessencewc@yahoo.com
231.499.8595