## Market Day Business Application: Approved Teacher Signature

Please complete the following for participation on Market Day: Due: \_\_\_\_\_Friday, October 16<sup>th</sup>

There is a <u>limit of two food businesses allowed per class</u> – teacher prior approval is required on a first applied, first approved basis. All food items must be in individual sealed "containers" for at-home consumption. Participation required in order "to shop" at other businesses. <u>Cost of license: \$20</u>

Name of Business Ov	vner:			_
		Last Name,	First Name	
Phone Number or em	ail:			
If you have a business	s partner:			
,	1	Last Name,		_
Phone Number or em	ail:			
Name of Business:				_
A description of the g <u>than <b>20 items</b> for a sin</u>			• =	s of things and no more
Itemized List of <u>items</u>	needed for projec	t (creative supplies)	and their REAL cost ir	1 the store (if any):
Item:	cost:			
Grand Total of Mone	y paid for supplies	S	_ to whom: (parent)	
Parent Signatu	ire acknowle	edging above	payment AND	project deadline!

Market Day will be Friday, October 30th.