



In conjunction with Lowell's Harvest Celebration, the Lowell Area Chamber of Commerce and Main Street Merchants presents "Autumn Marketplace on Main", Saturday, October 11, 2025.

This event is a great way to support our local businesses and outside vendors in a fun, outdoor environment. The Market will run from 10 AM to 4 PM. Vendors will be assigned a spot on the sidewalk adjacent to Main Street or along the riverwalk. The cost to participate is \$50.

October weather can be cold, so dress accordingly. During the Lowell Harvest Celebration, we will also be hosting the Chamber Chili Cookoff. Watch for activity and schedule updates at www.lowellharvestcelebration.org.

Guidelines for Autumn Marketplace on Main

- Exhibit areas are 10' wide x 10' deep. We reserve the sole right to assign spaces.
- Email sample photos of your product and booth to info@lowellchamber.org.
- All vendors will need to provide any items necessary to conduct business, including but not limited to tent, tables, chairs, etc. **TENTS MUST BE WEIGHTED DOWN.**
- **Designated Vendor parking is provided and will be enforced.**
- Booths must be fully set up when market begins at **10 AM**. Exhibitors **CANNOT** work out of the back of vans, cars, or trailers.
- Booths/Vendors cannot impede the sidewalk, must leave room for walking.
- Vendors will be responsible for collection of their own sales tax and for acquiring a sales tax license.
- The selling of unlicensed goods is strictly prohibited by State law.
- Submit a complete description of your exhibit. Applications due no later than Friday, October 3, 2025.
- Weather is not a condition for a refund.
- All food and beverage giveaways must be approved in advance by the Lowell Area Chamber of Commerce. Call the Chamber at (616) 897-9161.
- **You must cancel by September 26, 2025, to receive a 50% refund. Call (616) 897-9161.**

Autumn Marketplace on Main Application

☐ \$50 for 1 booth space

☐ \$100 for 2 booth spaces

☐ \$5 for electric

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Website: _____

Description of Exhibit:

Name as it appears on the card Credit card number

Credit card billing address

Credit card security # (3 or 4 digit number on back) Expiration Date

☐ Visa ☐ MasterCard ☐ Discover

Please mail application and check to: LACC, PO Box 224, Lowell, MI 49331
Or, email your completed application and credit card info to: info@lowellchamber.org