Farmers Market Vendor Application – 2020

Date: _____Paid: _____

Farm or Business Name: _____
_____

Name(s) of Owner(s): _____
_____

Mailing Address: _____
_____

Email Address: _____ Phone #:_____

Website (if applicable): _____

Address of production location (if different from above, please indicate if owned or rented and amount of rent) _____
_____

Which vendor category are you applying for?
☐ Farmer (Main Season Only)
☐ Farmer (Main and Fall/Winter Seasons)
☐ Prepared Foods/Baked Goods/Value-added foods(Main Season Only)
☐ Prepared Foods/Baked Goods/Value-added foods (Main/Fall/Wint.)
☐ Crafter/Value-Added Products – non-food – (Main Season Only)
☐ Crafter/Value-Added Products – non-food – (Main/Fall/Winter)
☐ Guest Vendor – 1 to 3 market days per year

Please indicate the months you will be able to participate:
☐ April ☐ May ☐ June ☐ July ☐ August ☐ September

☐ Oct. ☐ Nov. ☐ Dec. ☐ January ☐ Feb. ☐ March