

Mocksville Farmers Market

2016 Vendor Application

This application must be completed, returned to the Market Board, and approved by Market Management before you will be allowed to rent space. Farmers must also complete a Growers Certification. To be considered for space you must submit an application each year. **PLEASE PRINT**

Owner Name: _____ Date: _____

Business or Farm Name: _____

Business/ Farm Mailing Address: _____

Street/ PO BOX City& State Zip

County: _____

Business/ Farm Physical Address: _____

Street City & State Zip

County: _____

Home Address: _____

Street/ PO BOX City& State Zip

County: _____

Business or Farm Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Fax #: _____

Email Address: _____ Website: _____

Emergency Contact: _____

Name Home/Cell #

What types of products do you plan to sell (check all that apply)?

- Produce Meats Eggs Dairy Cut Flowers Plants
 Honey Jams/Jellies Pickles/Relishes Baked Goods Farm Crafts

What months do you plan to sell (check all that apply)?

- April May June July August Septemer
 October November

Amount of space requested: (i.e. 10'x10'): _____

Other requests: _____

I have read the Mocksville Farmers Market guidelines and agree to abide by all rules and policies of the Farmers Market. I further understand that my failure to abide by these rules and policies as interpreted by Market Management may result in temporary or permanent dismissal from the market.

Print Name: _____ Signature: _____