

# Mocksville Farmers Market

## 2018 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)?**

- |                                  |                                       |   |                                      |                                      |                                 |
|----------------------------------|---------------------------------------|---|--------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Produce | <input type="checkbox"/> Meats        | <input type="checkbox"/> Eggs             | <input type="checkbox"/> Dairy       | <input type="checkbox"/> Cut Flowers | <input type="checkbox"/> Plants |
| <input type="checkbox"/> Honey   | <input type="checkbox"/> Jams/Jellies | <input type="checkbox"/> Pickles/Relishes | <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Farm Crafts |                                 |

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

- |                                  |                                   |                               |                               |                                 |                                   |
|----------------------------------|-----------------------------------|-------------------------------|-------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> April   | <input type="checkbox"/> May      | <input type="checkbox"/> June | <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> Septemer |
| <input type="checkbox"/> October | <input type="checkbox"/> 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:** \_\_\_\_\_