

Mocksville Farmers Market

2024-2025 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**

Business or Farm Name: _____

Authorized Representative: _____

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 applies)

- | | | | | | |
|----------------------------------|---------------------------------------|-------------------------------------------|--------------------------------------|--------------------------------------|---------------------------------|
| <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"/> September |
| <input type="checkbox"/> October | <input type="checkbox"/> November | | | | |

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

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: _____

DATE: _____