

# Mocksville Farmers Market

## 2017 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: \_\_\_\_\_