

# SPRING POP-UP VENDOR APPLICATION

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ALABAMA FARMERS MARKET  
344 FINLEY AVENUE, WEST  
BIRMINGHAM, AL 35204  
OFFICE (205)251-8737 FAX (205)251-8106

**\*\*\*Please complete and return to the market office or email completed application to [alabamafarmersmarket@gmail.com](mailto:alabamafarmersmarket@gmail.com).\*\*\***

**Food Vendor: \$15 per space plus \$5 Power Hookup, if needed**  
**All Other Vendors: \$10**

Business or Farm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business or Farm Physical Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

# of Spaces Requested: \_\_\_\_\_

**Please circle vendor type below**

**FOOD**

**CRAFT**

**CLOTHING/JEWELRY**

**OTHER**

Fully describe type of business. Please list all items that you produce or that you plan to sell. Use additional pages if necessary. \_\_\_\_\_

I have read the 2018 Alabama Farmers Market Guidelines and agree to abide by all rules, regulations, and policies of the Alabama Department of Agriculture. I further understand that my failure to abide by these guidelines, rules, regulations, and policies as interpreted by the Market Manager may result in temporary or permanent dismissal from the Market.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only:

AMT PAID \_\_\_\_\_ DATE \_\_\_\_\_ CASH/DEBIT/CREDIT CARD COLLECT BY: \_\_\_\_\_