**WEST POINT FARMERS’ MARKET VENDOR APPLICATION 2024**

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

Applicant(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If crops sold at the Market are grown at a different location that the one listed above, please add that address below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What crops, produce or products do you plan to sale at the Farmers Market.

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I have read and understand the rules of the West Point Farmers Market. I understand that I may only offer for sale the items listed above. I accept full responsibility for my activities and conduct and those of anyone working or visiting in my space at the Market. I will be responsible for clean-up of my space including disposal of any garbage at the end of the selling day. All children must be under adult supervision at all times.

I agree I am responsible for adhering to the rules of the Kentucky Farmers Market at the Kentucky Department of Agriculture at www.kyagr.com

I hereby AGREE NOT to hold the West Point Farmers’ Market Volunteers, Property Owners or The City of West Point, responsible or liable for any damage or loss incurred while at the Market including personal injury or property damage.

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(Signature and Date)

Mail or email application to:

Hayley Smith

531 Seminole Trail

Brandenburg, KY 40108

[WestPointFarmersMarketKY@gmail.com](mailto:WestPointFarmersMarketKY@gmail.com)

(270) 547-8758