

THE SHAMROCK FARMERS AND ARTISANS MARKET

www.theshamrock-market.com

2024 Vendor Application

Name of Business Owner(s): _____

Business Name: _____

Address: _____

E-Mail Address: _____

Website: _____

Phone: _____

Preferred Method of Contact: _____

Products you intend to sell (List all that you might have):

I acknowledge that I have received a copy of the Shamrock Farmers and Artisans Market

Rules and Guidelines and my signature below indicates my agreement to abide by the rules as stated. I further attest that my answers are truthful and the certificates I have provided are accurate and current.

Signature: _____

Date: _____

Checklist for Vendors(Attach any applicable)

Annual Fee: _____

Business Card: _____

Photos of Products/Farm: _____

Copy of required UDSA certificate: _____

Copy of Public Health Inspection: _____

Copy of Business License: _____