

**City of Winnsboro Farmers' Market (WFM) Application**  
**2026 Season - Winnsboro, Texas**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address of farm/production: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Here are the items I plan to produce and sell: (It is not necessary to write every type of product... simply write vegetables, fruits, etc.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

\_\_\_\_\_ Register me for the rate of \$125. This rate includes a designated spot for selling privileges every Saturday throughout the season.

\_\_\_\_\_ I will register for a single Saturday at a daily rate of \$15 to be paid to the Farmers' Market Manager the day of the market – this does not include benefits of a seasonal vendor.

\_\_\_\_\_ I will register for a Co-Op booth space at a rate of \$125. This rate includes a designated spot for selling privileges every Saturday throughout the season which can be shared with other registered vendors who have completed their own registration form.

**\*Fees are non-refundable once application is accepted.**

My signature below affirms that I agree to the following:

1. I certify that all products to be distributed, offered for sale, or sold at the Market by the vendor have been grown, raised, made, crafted, processed, or produced by the vendor in compliance with all applicable federal, state, and local laws. I understand that only items listed above are approved for sale at the Market. I understand that the WFM Manager & Board may revoke selling privileges for rule violations or any other cause deemed to be in the best interest of WFM.
2. I hereby acknowledge that I have received, carefully read, and agree to be bound by the Winnsboro Farmers' Market Vendor Packet, including the Rules and Regulations.
3. Further, I shall indemnify, keep and hold harmless WFM, and The City of Winnsboro, and all their agencies and employees from and against any and all claims and demands, whether for injuries to persons or loss of life, damage to property on or off the premises arising out of the use or occupancy of the premises by vendor, and those injuries and damages arising out of vendor's acts or omissions, and shall defend, at vendor's own expense, any actions brought against WFM or any other person, employee, volunteer, agents, or organizations with which WFM has a contractual relationship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Vendor)

Submit this application & appropriate fee (**made payable to: The City of Winnsboro**) in person or by mail to:  
City of Winnsboro, Attn: Farmers' Market • 501 S. Main Street • Winnsboro TX 75494