



HENDERSON COUNTY TAILGATE MARKET GROWERS CERTIFICATION/APPLICATION

Your Name: _____ **Home Phone:** _____

Business/Farm Name: _____

Home Address: _____

Farm Location: _____

Cell Phone: _____ **Email:** _____

Business Website: _____

Months I Intend to Sale: Please indicate which months you plan on selling products at the market

_____ April _____ May _____ June _____ July _____ Aug
_____ Sept _____ Oct

Specific Items for Sale and Indicate Percentage of What you are Selling:

- Vegetables, Fruit, & Herbs:

- Animal Products (meat, eggs, honey, etc.):

- Live Plants, Seedlings, Cut Flowers:

- Value-added Foods (baked goods, jams, jellies, etc.):

- Handcrafted Appalachian Items (body care products, woodworking fabric arts, jewelry, etc.):



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PLEASE INDICATE WHICH OF THE FOLLOWING APPLY TO YOUR PRODUCTIONS AND/OR VENDING:

- ____ NCDA Kitchen Inspection # _____ (attach copy to your application)
- ____ USDA Organic Certification # _____ (attach copy to your application)
- ____ NCDA Meat Handler's License # _____ (attach copy to your application)
- ____ USDA Dairy/Cheese Certification (for non-acidic foods) # _____ (attach copy to your application)
- ____ NCDA Certification # _____ (attach copy to your application)
- ____ NC Egg Law Article 25A _____ (Sign that you agree to comply with this Law)
- ____ Other: _____ # _____ (attach copy to your application)

**Please notify the market if there is a change in products.
I understand and agree to abide by guidelines interpreted by Market Management.
Failure to do so may result in termination of selling privileges.**

The application information may be used for contact and educational resources to the seller. The Cooperative Extension Agent and the Henderson County Tailgate Market Board reserve the right to use this information to validate your crops and/or products as indicated in Rule #1.

By signing this application I agree to indemnify and hold harmless the Henderson County Tailgate Market and its Officer/Board Members as well as Henderson County, from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court cost arising out of my participation at the Tailgate Market and any illness or injury resulting there from.

I have received a copy and have read the 2019 Market Rules. I also agree with and will abide by all the Tailgate Rules. I affirm that I produce/make the products indicated above.

I have received, read, and signed a copy of the Market Token Participation Form and Agree to All the Terms and Conditions (Mandatory for all Vendors).

Vendor Status & Fees:

- _____ Member - \$30/Year. After March 15 - \$35/Year.
*Please mail application and check to Extension Office, 100 Jackson Park Rd. Hendersonville, NC 28792
Members of the Henderson County Tailgate Market are assigned a space for the year.*
- _____ Day Vendor - \$10/Day.
Day vendors are assigned a space as available and at the discretion of the market board.

VENDOR SIGNATURE _____ DATE _____



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Market Token Participation Form Every Saturday April-October

Email: hendersoncountytgm@gmail.com
Website: www.hendersoncountytailgatemarket.com

Mailing Address: 100 Jackson Park Road, Hendersonville, NC 28792-4470
ATTN: HC Tailgate Market

Market Board Chair: Nathan Lyda, 828-329-4072, nathan.lyda@gmail.com

- Market Shoppers may purchase \$1 SNAP/EBT and \$5 Credit/Debit tokens from the Market Information Booth. **The tokens are only redeemable at the Henderson County Tailgate Market.**
- Only SNAP eligible items may be purchased with SNAP tokens. Generally, these are food items (not hot foods) and plants that will bear food. For more clarification, visit: www.fns.usda.gov/snaps/retailers/eligible.

No change may be given for SNAP tokens. Change will be given for Credit/Debit tokens.

Token redemption procedures are as follows:

1. A market worker will come to your booth prior to closing to collect your tokens.
2. The market worker will record the amount of EBT and Credit/Debit tokens your turn in and the dollar amount due you.
3. You will sign the record sheet acknowledging the information is correct.
4. A check for the amount due you will be mailed to you in roughly 2 weeks or less.

Thank you for your cooperation.

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Date: _____ Phone: _____

Business Name: _____

Name of Primary Contact: _____

Checks Payable to: _____

Payment Mailing Address: _____

Vendor Signature: _____