

For Office Use Only

Paid by Cash____ or Check# _____

Booth Space Assigned _____

Franklin-Simpson Farmers' Market 2019 Vendor Application

Application Date: _____

Name/Names: _____

Business Name: _____

Street Address: _____

City _____ County _____ State _____

Phone# 1 _____ Phone#2 _____ Email _____

How many years have you been a vendor at the Franklin-Simpson Farmers' Market? _____

What products will you sell at the market? _____

Which day/days will you be at the market? (Circle all that apply) Tuesday Thursday Saturday

Why do you want to be a vendor at the Franklin-Simpson Farmers Market? _____

Do you plan to offer processed or cooked samples to your customers? If so, do you have a valid sampling certificate? Yes or No

Do you plan to offer raw or uncooked samples to your customers? If so, do you have a valid GAP or PBPT Certificate? Yes or No

Signature _____ Date _____

