

Fee:
Application:
Initialed Rules:
Signed Indemnity:

2018 Social Circle Farmers Market Agriculture Application

Vendor/Farm/Company Name: _____

Contact Name: _____

Mailing Address: _____

Farm Address(if different): _____

Telephone: _____ **Cell Phone:** _____

Email: _____ **Farm Website:** _____

Is your farm Certified Organic or Certified Naturally Grown? (Please provide verification if Yes)

Please write a few sentences to tell us about your farm, how you got started, what you grow, and how you grow it: (We may use this in farmers market advertising)

Business Type: Check all that apply (All items require approval from the market manager)

- Fruits/Vegetables : Specify _____

-Meat and or Fish: Specify _____

-Maple/Honey Products: Specify _____

- Nursery Products: Specify _____

-Eggs (please provide candling license) _____

-Herbs (dried or fresh cut) _____

-Soaps, lotions, scrubs homemade skin care products: _____

- Other: _____

City Approval: _____

Date Received: _____ **Application Complete & Contact Verified:** _____

Approval/Denial: _____ **Market Manager Signature:** _____

Comments: _____