



# 2021 UCFM Vendor Application

Date: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Website/ Facebook \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

<u>ANNUAL MEMBERSHIP FEES</u>		<u>DAY VENDOR FEES</u>		
<b>\$125</b>	<b>\$175</b>	<b>\$5</b>	<b>\$15</b>	<b>\$20</b>
<b>Standard Spot</b>	<b>Premium Spot</b> Check with Market Manager For Availability	<b>Youth &amp; 4H</b> Age 12 & under Persons sharing one space will still pay a \$15 fee each	<b>Standard Spot</b>	<b>Premium Spot</b>

Products You Intend to Sell—(All must be approved by Manager)

\_\_\_\_\_  
\_\_\_\_\_

Yes  No I am an eligible vendor and will participate in the SNAP program.

Yes  No I am an eligible vendor and will participate in the WIC program.

Yes  No I am an eligible vendor and will participate in the SFMNP program.

Yes  No I carry Liability Insurance. (You must answer)

I have read the Rules and Regulations and the Code of Conduct and agree to abide by them. I understand that failure to follow the Rules and Regulations or the Code of Conduct may mean expulsion from the market.

I agree to hold harmless the Union County Farmers Market of any liability for any accidents at the Farmers Market location or for any claims from consumers in regard to items purchased at the Market.

Signed \_\_\_\_\_

Please scan & send application to [kathycuster3@aol.com](mailto:kathycuster3@aol.com). You will be notified of your acceptance into the Market.