



# 2022 Union County Farmers Market Application

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

Address \_\_\_\_\_

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

Website \_\_\_\_\_ Social Media \_\_\_\_\_

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

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

FULL MEMBER FEES	DAY VENDOR FEES
<p><b>\$125</b> annually - standard spot</p> <p><b>\$175</b> annually - premium spot along south aisle w/ parking</p> <ul style="list-style-type: none"> <li>• Check with Market Manager on availability</li> </ul>	<p><b>\$5</b> per Saturday for youth ages 12 &amp; under</p> <ul style="list-style-type: none"> <li>• Limited to 1 table in booth space</li> </ul> <p><b>\$15</b> per Saturday - standard spot</p> <p><b>\$20</b> per Saturday - premium spot</p>

List all products you intend to sell—all must be approved by Manager

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

Make & model of market vehicle \_\_\_\_\_ License plate # \_\_\_\_\_

- 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 and send to [kathycuster3@aol.com](mailto:kathycuster3@aol.com) You will be notified of your acceptance into the Market.