

RETURNING VENDOR APPLICATION

(To be completed by market management)

Status: _____

Area: _____

Date: _____

State Farmers Market

1201 Agriculture Street

Raleigh, NC 27603

919-733-7417

Received by: _____

Date: _____

***Please complete and return both pages to the market office prior to occupying your space.**

As part of the approval process you must resubmit an application each year at your vendor meeting.

Incomplete applications will not be accepted.

Business or Farm Name: _____

Contact Name: _____

Business or Farm Mailing

Address: _____ City _____ State _____ Zip _____

Street address/PO Box

County: _____

Business or Farm Physical(actual farm location)

Address: _____ City _____ State _____ Zip _____

Street address/PO Box

County: _____

Home Address _____ City _____ State _____ Zip _____

Street address/PO Box

County: _____

Telephone Numbers

(PLEASE CIRCLE OR HIGHLIGHT THE PHONE NUMBERS THAT ARE OK TO GIVE OUT TO CUSTOMERS)
(OTHER NUMBERS WILL ONLY BE USED BY MARKET STAFF IN THE EVENT OF AN EMERGENCY)

Business or Farm: _____ Home: _____

Contact Name(s) & Cell Phone Number(s): _____

Fax # _____ Email address _____

Website address _____

Social Media Sites _____

Emergency Contact: _____

Name

Home #

Cell #

Emergency Contact: _____

Name

Home #

Cell #

Please circle the area that your space is in: # of Spaces _____

Market Shoppes

Farmers Area

Craft Shed

Truckers Shed

Months of operation: _____

Please list all items that you produce along with any other items that you plan to sell. Use additional pages if necessary. Please refer to the Vendor Checklist for all items that are required prior to approval to sell at The State Farmers Market.

Do you prefer to: (indicate by check mark)

- Wholesale Only--Sell only in unbroken containers (excluding melons)**
 Wholesale and Retail **Retail Only**

I have read the State Farmers Market Guidelines and agree to abide by all rules, regulations, and policies of the North Carolina Department of Agriculture and the State Farmers Market. I further understand that my failure to abide by these guidelines, rules, regulations, and policies as interpreted by the Market Manager may result in temporary or permanent dismissal from the Market.

Print Full Name _____

Signature _____

Date: _____