

NEW 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. Management will review and determine space availability and any other items required for your business. Many areas on the market do have a waiting list at this time. This application expires on December 31st of each calendar year.**

Incomplete applications will not be accepted.

To be considered for space and to maintain your status on the waiting lists you must resubmit an application by February 28th annually.

Business or Farm Name: _____

Contact Name: _____

Business or Farm Mailing

Address: _____ **City** _____ **State** _____ **Zip** _____

Street address/PO Box

County: _____

Business or Farm Physical

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 #

of Spaces Requested: _____

Please circle the area you are requesting to sell in:

Market Shoppes

Farmers Area

Craft Shed

Wholesale Truckers Shed

List months you plan to operate: _____

List days of the week you plan to operate: _____

Do you prefer to (indicate by check mark) Wholesale and Retail Retail Only
 Wholesale Only--Sell only in unbroken containers (excluding melons)

**For Seafood Only*

**Commercial Fisherman's Name and License Number* _____

**Fish Dealers Name and License Number* _____

Fully describe experience in agricultural business. Include any farming interest, offsite facilities available, equipment, vehicles, etc. Use additional pages if necessary.

Fully describe type of business. Please list all items that you produce or that you plan to sell. Use additional pages if necessary.

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: _____