

**WARREN COUNTY FARMERS MARKET  
VENDOR APPLICATION**

*APPLICATION **MUST BE RETURNED TO A BOARD MEMBER. DO NOT RETURN APPLICATION TO THE COUNTY EXTENSION CENTER. FOR INSTRUCTIONS, CALL 257-3640.***

Please fill out this application form completely and send it to the Warren County Farmers Market. Application should be submitted at least 2 weeks prior to the first date you plan to sell at the market.

Name(s): \_\_\_\_\_

Farm name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical location of farm: \_\_\_\_\_

Telephone numbers (day, evening, mobile, etc.): \_\_\_\_\_

E-mail address: \_\_\_\_\_

I plan to begin selling on \_\_\_\_\_ and expect to have product through \_\_\_\_\_.

Detailed and comprehensive description of products, including estimated dates of availability:

Product	Estimated date of availability
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total cultivated area on farm: \_\_\_\_\_

I have received a copy of the Guidelines for the Warren County Farmers Market. I agree to abide by them, as well as any applicable laws and regulations. I understand that failure to follow the guidelines will result in being prohibited from selling at the market for the remainder of the year. I understand that there is a \$15 membership fee and \$5 per day setup fee. All fees are due in advance and are non-refundable. I certify that I carry all necessary insurance coverage (e.g. product liability). I give permission for a County Extension Agent to inspect my farm to verify compliance with the Guidelines.

Signature: \_\_\_\_\_

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