



2017 Walkup Application

All information must be legible and complete

Booth # _____

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

E-mail: _____

Product(s) selling:

I understand that the Farmers Market Committee has the right to visit and inspect any farmer or crafter at their site of production to ensure that the vendor is adhering to all market policies. If the volume of the product being sold does not match the volume being grown, the vendor will not be allowed to sell the product.

I hereby allow the Union County Farmers Market Committee to include my name and picture in articles and on the county website. I also understand that Union County, the Union County Farmers Market, and the Farmers Market Committee will not assume responsibility for any loss/injury encountered while participating at the Union County Farmers Market.

I have read, understand and agree to comply with the Rules and Regulations of the Union County Farmers Market. I am over the age of 18 years old, and I am the Vendor/Applicant responsible for participation in the Farmers Market. I agree to allow representatives of the Farmers Market to visit the premises where the products I intend to sell are produced. I further attest that the information provided regarding the products is accurate, true and correct.

Signature

Date

For Office Use Only

Amount \$ _____ Cash Check Ck # _____ Rec'd by _____ Date _____