



**FREDERICKSBURG FARMERS MARKET
VENDOR ENROLLMENT FORM**

NAME: _____

FARM OR BUSINESS NAME, IF APPLICABLE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ **MOBILE:** _____

EMAIL ADDRESS: _____ **WEB ADDRESS:** _____

DIRECTIONS TO HOME OR BUSINESS: _____

ITEMS INTENDED TO SELL AT FFM. IF YOUR CROPS OR PRODUCT(S) HAVE A SEASONALITY, PLEASE BE DETAILED, APPROXIMATING YOUR HARVEST SEASON SO THAT WE CAN ACCURATELY REPRESENT YOU.

TO MAKE MY OPERATION MORE SUSTAINABLE, I USE THE FOLLOWING PROCEDURES:

As affirmed by my signature below, I will sell only what I produce and/or process at the Fredericksburg Farmers Market and will have a qualified agent such as a family member, employee, or agent represent me at market. I will accurately represent the production methods or processes that I use in growing. I will maintain a high quality standard and will report to the market manager regarding any new items not listed on my application.

I hereby certify that all the information contained in this application is true and correct. I agree to a tour of my farm, growing area, or operation by Market Management and understand that the Fredericksburg Farmers Market may suspend my right to participate at any time if it is found that I have misrepresented my product or operation.

I understand that if I become a vendor at this year's market, I will need to pay the annual seasonal fee along with a weekly vendor fee.

Vendor Name: _____

Signature: _____ **Date:** _____

Approved by: _____

(FFM use only)