

GREENE FARMERS MARKET – VENDOR APPLICATION – 2020

Vendor Contact Information

Owner/Primary Contact Name: _____

Business Name: _____

Mail Address: _____

City/State/Zip: _____

Phone: _____ Mobile: _____

Email Address: _____

Website Address: _____

Vendor Product Liability Insurance

Each vendor assumes responsibility for any claims arising from Market participation. It is recommended all vendors consider the risk and should have suitable insurance coverage. Neither Greene County, The Town of Stanardsville, *STAR*, Virginia Cooperative Extension, Greene Commons Group, employees and contractors of Greene Commons Group, nor property owners accept liability for any claims associated with the operation of the Greene Farmers Market.

Vendor Type

- Full Season (26-31 weeks)..... \$108 seasonal fee (breaks down to less than \$3.50/Saturday) Payable in two equal payments of \$54 on March 15, 2020 and July 15, 2020
- Partial Season (11-22 weeks)..\$88 seasonal fee (breaks down to only \$4/Saturday)
- Short Season (6-10 weeks).....\$50 season fee (breaks down to \$5/Saturday)
- One-Timer Vendor.....\$25/Saturday

What do you sell? (Check all that apply)

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Fruit | <input type="checkbox"/> Meats | <input type="checkbox"/> Cheeses |
| <input type="checkbox"/> Prepared Foods | <input type="checkbox"/> Salsa, Sauces | <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Jams, Jellies |
| <input type="checkbox"/> Honey | <input type="checkbox"/> Herbs, Spices | <input type="checkbox"/> Flowers | <input type="checkbox"/> Plants |
| <input type="checkbox"/> Soaps, Lotions | <input type="checkbox"/> Arts/Crafts _____ | | |
| <input type="checkbox"/> Other: _____ | | | |

Vendor's Certification

I hereby certify that I have received and understand the rules and regulations of the Greene Farmers Market, and at least 75% of the products I offer for sale have been grown or produced by me or under my direction.

Vendor Signature: _____ Date: _____

Please make checks payable to GREENE COMMONS and return application and fees to

Greene Farmers Market, c/o Visitor Center
9157 Seminole Trail, Ruckersville, VA 22968.

Questions? Call or email the Market Manager at 434-987-2008 or greenefarmersmarket@gmail.com