

**Farmers Market at Farmview Vendor Application**  
**(Please Print Neatly)**

Vendor Name: \_\_\_\_\_

Business or Farm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Complete list of products you intend to sell (Produce vendors give appropriate date(s) you will have produce for market): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include a brief bio about yourself, your farm/business and produce/products: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I have read and agree to the Market Policies and Rules of Operation established for the Farmers Market at Farmview.

\_\_\_\_\_ I have read and understand the Market Policies and Rules of Operations What May Be Sold and can provide all relevant documentation, certification and required licensure to the market manager.

\_\_\_\_\_ I verify that I am the sole direct grower/producer of any and all produce brought to this market, that said produce complies with the 75-mile, locally grown guidelines, and agree to a farm inspection should I be notified by the market manager.

The following individual(s) are granted permission by me to represent myself and/or my farm at the market should I be unable to attend: \_\_\_\_\_

Vendor Name (Print): \_\_\_\_\_

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

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

Submit Applications To:

Brad Kelly

[brad@kellyreg.com](mailto:brad@kellyreg.com)

14481 Lochridge Blvd., Covington, GA 30014