

VENDOR APPLICATION

Sanford Farmers Market

Buggy Factory Parking Lot
115 Chatham Street
Sanford, NC 27330

Complete and return to the N.C. Cooperative Extension Lee County office (2420 Tramway Road, Sanford NC 27332, 919-775-5624). Bring all necessary forms for the products you intend to sell at the market (see Vendor Application Checklist). Applications will be reviewed based on space availability and eligibility listed in the Sanford Farmers' Market Rules. New vendors need to schedule a site visit with the Market Manager and all vendors are encouraged to meet with the Market Manager annually. Make checks payable to Sanford Farmers' Market. This application will expire December 31 of the year it was submitted.

Business or Farm Name: _____

Owner or Contact Name(s): _____

Mailing Address: _____

County: _____

Business or Farm Physical Address (if different from mailing address):

County: _____

Phone

Farm or Business Phone: _____

Home phone: _____ Cell: _____

Phone preferred for Market staff communications: _____

Would you like to be included on group texts for market communications (circle one)? Yes / No

Emergency Contacts

Contact 1 Name: _____ Phone: _____

Relation: _____

Contact 2 Name: _____ Phone: _____

Relation: _____

Email

Farm or Business email address: _____

Personal email address: _____

Would you like to be added to the Sanford Farmers Market email listserv? Y / N

Does your operation have a website address? Y / N If yes, webpage address:

Do you have social media sites? If so, please list all with page addresses/username names:

Would you like to be added to the Sanford Farmers Market Vendor Facebook page? Y / N

of market spaces requested: _____

Months planning to attend market (circle all that apply):

Jan Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec

Products to be sold (use additional pages as needed):

Please check applicable items below:

I am interested in accepting NC Farmers' Market Nutrition program vouchers for WIC and Seniors.

I am a new vendor and I have attached a map of my farm or business and understand I must schedule a site visit with the Market Manager.

NC Department of Revenue Tax ID (if required): _____

Farm Tax Exempt #: _____

Seafood Vendors Only

Commercial Fisherman's Name and License Number: _____

Fish Dealers Name and License Number: _____

How can N.C. Cooperative Extension help you with your sales at the farmers market? What programming would be helpful for you that we could offer during the market season?

I have read the Sanford Farmers' Market Rules and agree to abide by all rules stated in this document as well as rules, regulations, and policies of the North Carolina Department of Agriculture for sale of food at farmers markets. I further understand that my failure to abide by these rules as interpreted by the Market Manager will result in my temporary or permanent dismissal from the market.

Print Full Name: _____

Signature: _____ Date: _____